

Department of Health & Human Services

DHHS

N E B R A S K A

**Division of Medicaid & Long-Term Care
State Unit on Aging
2012 - 2015 Plan for Aging Services**

***“To promote the dignity, independence and
freedom of choice for older Nebraskans”***

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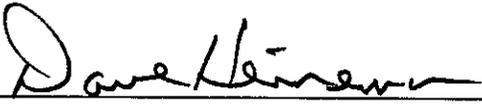
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Verification of Intent

Hereby submitted is the Plan for Aging Services for the State of Nebraska for the period October 1, 2011 through September 30, 2015. It includes all assurances and plans to be implemented by the Nebraska Department of Health and Human Services – State Unit on Aging under the provisions of the Older Americans Act, as amended, during the period stated. The Department of Health and Human Services – State Unit on Aging has been designated the authority to develop and administer the State Plan for Aging Services in accordance with all requirements of the Act, and is primarily responsible for the coordination of all state activities related to the purposes of the Act, i.e., the development of a comprehensive and coordinated system for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as an effective and visible advocate for older persons in the state.

I hereby approve this State Plan for Aging Services and submit it to the U.S. Assistant Secretary for Aging for approval.

7/28/11
(Date)

(Signed) 
Governor
State of Nebraska

This plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary for Aging. The Nebraska Department of Health and Human Services, in accordance with the Older Americans Act as amended in 2006, and its implementing regulation, adheres to the assurances listed in Appendix C.

7/21/11
(Date)

(Signed) 
Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Executive Summary

The four-year Nebraska State Plan on Aging is the planning document that the Nebraska Department of Health & Human Services State Unit on Aging produces to guide Older Americans Act related programmatic activities and services for older adults, family caregivers and grandparents raising grandchildren, and to direct the statewide effort to transform the state's long-term care system to enhance the lives of Nebraska's frail elderly residents.

In order to be eligible to receive funds under Title III of the Older Americans Act, Section 307 of the Act requires the State to submit to the Administration on Aging (AoA) a State Plan on Aging which meets the criteria established by AoA through federal regulations. Each State agency has been afforded the opportunity by AoA to develop its own format for the State and to determine the effective duration of the Plan (i.e., two, three, or four years). Nebraska has opted to present a Four-Year State Plan for the period October 1, 2011 through September 30, 2015 (Federal Fiscal Years 2012-2015 starting October 1, 2011 through September 30, 2015).

The State is required by Older Americans Act regulations to:

- Develop a State Plan for submission to the Assistant Secretary on Aging;
- Administer the State Plan in accordance with Title III of the OAA, as amended;
- Be responsible for planning, policy development, administration, coordination, priority setting and evaluation of all state activities related to the objectives of the OAA;
- Serve as an effective and visible advocate for older individuals by reviewing, commenting on and recommending appropriate action for all State plans, budgets and policies which may impact older Nebraskans; and,
- Provide technical assistance and training to any agency, organization, association or individual representing the needs and interests of older individuals.

This plan reflects the Nebraska Department of Health & Human Services' mission, "Helping people live better lives." The mission of the State Unit on Aging is to "promote the dignity, independence, and freedom of choice for older Nebraskans." The State Plan incorporates the mission and goals of the State Unit on Aging into the body of the plan and includes comments received during the public hearing.

Fundamental objectives for the Nebraska State Unit on Aging include making community-based services available to elders who are at risk of losing their independence; preventing disease and disability through community-based activities; and supporting the efforts of family caregivers.

To accomplish these fundamental objectives, comprehensive strategies for increasing efficiency and effectiveness for Nebraska's Aging Network have been employed. Key strategies include:

- Empowering older adults by giving them more choices and greater control over their own health and health care, including more control over the types of benefits and services they receive and the manner in which their providers deliver those benefits and services.

- Moving towards a more balanced system of long-term care that respects the wishes of the individual and that dismantles the bias toward institutional care over home and community-based services.
- Recognizing the need to reject a “one-size-fits-all” model when it comes to policy development, and to embrace an approach that at once addresses both general and specific needs.
- Creating a standardized and streamlined process for connecting elders and individuals of all ages with disabilities access to existing services and supports through Nebraska’s ADRC.
- Identifying the need to develop creative solutions that take into account racial, ethnic and cultural differences.

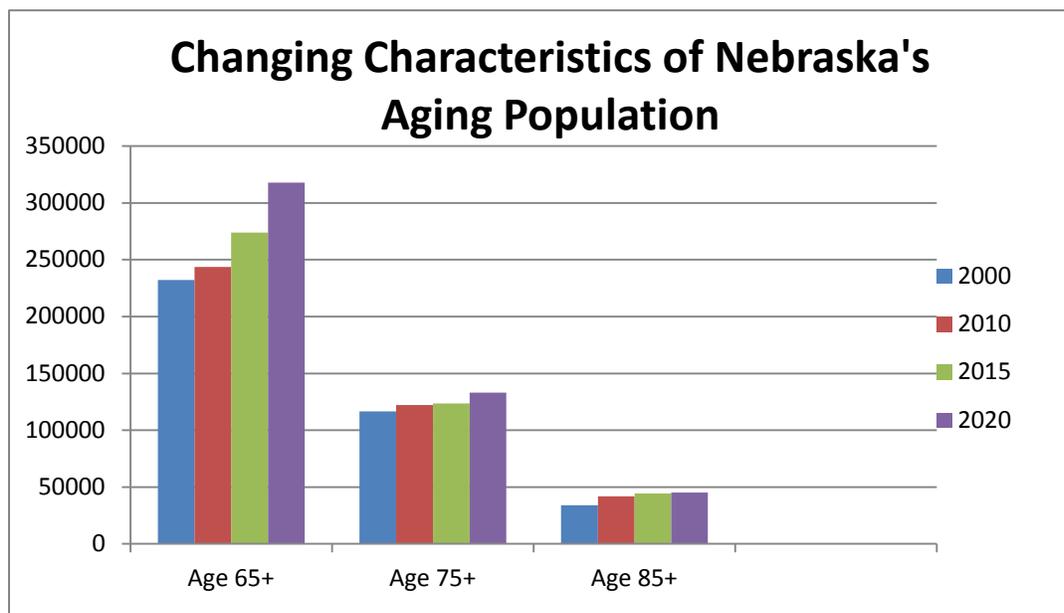
It takes considerable planning to prepare Nebraska’s communities to meet the needs of the older adults of today and tomorrow. The Nebraska Aging Network is committed to managing the resources that will be needed to meet the service demands of this aging population. With the Nebraska State Plan for FFY 12-15 (Federal Fiscal Years 2012-2015 starting October 1, 2011 through September 30, 2015) as our roadmap, Nebraska will continue to move forward in shaping a state in which older adults can age with dignity, respect and independence.

Context

Demographic Trends

2011 is a pivotal year as the first Baby Boomers turn 65 years of age. By 2030, 20% will be 65 years of age and older. By 2050, 88.5 million Americans will be 65 and over. By 2030, there will be accelerated growth in the 85+ population. Understanding diversity will be an indispensable skill in 2050. We have seen a trend where people move back to the Midwest from the Sunbelt when they are 80+ years old to be close to family. Similar to national trends, Nebraska can anticipate a rapid increase in its elderly population between now and 2030, and a moderate increase between 2030 and 2050. Between 2010 and 2030, the population aged 65 and over is expected to grow by 75 percent. The population growth rate between 2030 and 2050 is projected to increase by a further 14 percent, which means the elderly population will increase as well.

Nebraska's 'oldest-old' – those 85 years of age and older – is also growing. In 2009, there were an estimated 39,544 residents - 2.2 percent of the population - age 85 and older in the state. By comparison, only 1.8 percent of the national population was age 85 and older in the same year. During the period 1995 to 2010, this population of the 'oldest old' was projected to grow by 56 percent, compared to only 13 percent projected growth for the population aged 65 to 84; this means that a larger share of the elderly will be over age 85 in coming years. In subsequent decades, especially between 2030 and 2050, the 85-and-over age group will grow sharply as the Baby Boom cohort ages. Data from the 2009 Census Estimates ranks the percentage of Nebraska's 85+ population as 8th highest in the nation.



Source: Center for Public Affairs Research University of Nebraska Jerry Deichert

The demographic profile for various characteristics of Nebraska's 60 and over population based on the American Community Survey (ACS) 2005-2009 estimates is attached.

The profile of today's generation of older Nebraskan residents paints a compelling picture:

- **Disability:** The disability rate among those age 65 and over is more than three times higher than in the general population. According to the 2009 ACS Survey, of the Civilian Non-institutionalized population (1,762,977 individuals), 10.8 percent have a disability; of the Civilian Non-institutionalized population 65 years and older (226,829 individuals), 34.9 percent have a disability.
- **Poverty:** Nearly 20 percent of those ages 65 and over live at or below 1.5 times the Federal Poverty Level. 7.8 percent of those 65 years and over live below 100 percent of the poverty level; 11.5 of those 65 years and over live between 100 – 149 percent of the poverty level; and 80.7 percent of those 65 years and over live at or above 150 percent of the poverty level.
- **Minority:** Hispanic or Latino origin category leads the minority count with 8.3 percent of total population and 2.3 percent of 65 years and older population. African Americans represent the second highest percent of minority population with 4.3 percent of total Nebraska population and 2.2 percent of the 65 years and older population.
- **Deaths:** The number of deaths in Nebraska declined slightly in 2009. Fifty-two counties had more births than deaths and forty-one had more deaths than birth.
- **Net Migration:** Nebraska lost 9,156 persons since 2000 for a decade rate of 0.6 percent. Nebraska's immigrant population increases by about 3,300 per year. Domestic outmigration has increased by 2,300 in each of the last two years for which data is available (2008 & 2009). Only 8 counties had net in-migration from 2000 – 2009 (Johnson, Sarpy, Lancaster, Washington and Buffalo were above 2.0 percent).
- **Ratio of Male to Female:** The ratio of male to female for persons 60+ will continue to be more females to males by 2020 and 2030.
- **Population Growth and Density:** The state population is expected to increase about 4.5 to 5 percent per decade until 2030 (.05 percent per year). Nebraska population age 65+ is projected to increase from 240,000 in 2010 to 400,000 by 2030.

The trend of Nebraska's population becoming concentrated in its most populous counties is expected to continue. Counties with towns of at least 10,000 persons are expected to continue their growth. Together, Douglas, Sarpy and Lancaster Counties account for slightly more than half of the state's population, and this proportion will increase. The state's racial and ethnic diversity will increase, and the growing minority population will tend to be younger.

- Future Service Needs: As Nebraska's 65+ and 85+ population increases they will need services and programs such as nutrition, wellness and chronic disease management education, protections against elder abuse including financial exploitation, income support and other senior care programs.

Critical Issues and Future Implications

Rapid expansion of the aging population. The first Baby Boomers in Nebraska reached 65 years of age in 2010 (and will be 75 in 2020 and 85 in 2030). Over the next 20 years, Nebraska's population over 65 will increase by another 75%. Between 2015 and 2020, more of Nebraska's Baby Boomers will begin using services offered by our Aging Network. Resources committed to community support options will need to match the dramatic increase in at-risk older persons beginning in 2015.

Need for a fully functioning and sustainable Aging Disabilities Resource Center. An ADRC will provide key resources for Nebraskans of all ages in planning for their future long-term care needs. It will make available a full range of information regarding long-term care programs as well as information regarding financial planning and creative options such as the purchase of long-term care insurance.

The top three causes of death for adults age 65 and older are heart disease, cancer and stroke (Centers for Disease Control and Prevention & Merck Copan Foundation). In order to address the health care needs of older adults, the Aging Network will need to develop and implement evidence-based programs on health promotion, disease prevention and chronic disease self-management.

Consumer directed alternatives to nursing home care. The current economic environment has presented the State Unit on Aging with continued challenges in meeting the goal of balancing the long-term care system in the state. In recent years, the Aging Network in Nebraska has expanded the availability of cash-in-counseling, committed resources to help people choose the Medicare Prescription Plan that best addresses their needs, and has established a pilot Aging and Disabilities Resource Center. During this period, resources available to our State government have declined dramatically. Maintaining the Nebraska Aging Network's core support services as resources decline will likely be one of the biggest challenges of the next few years.

Diversity of the older population continues to grow. Although Nebraska's current population is only modestly diverse, data projections suggest that the state's racial ethnic minority distribution will continue to shift and expand. People of Hispanic, African American, Asian, American Indian and Pacific Islander backgrounds compose Nebraska's minority population, with the Hispanic population being the fastest growing over the last 20 years. To succeed in reaching the increasingly diverse aging populations, the State Unit on Aging and the AAAs must implement culturally and linguistically appropriate standards in their approaches to service delivery.

Informal family care giving is the foundation of support for the frail older person living in the community. Services provided by family (most often by the spouse) remains the primary support that allows their frailer older loved one to remain in their home. Strengthening the

family base is the focus of the Family Caregiver Support Program. The supports available for caregivers range from information about available services, assistance in gaining access to available services, individual counseling and caregiver training, as well as respite care and supplemental services (on a limited basis).

Organizational Structure

The mission of the State Unit on Aging is "to promote the dignity, independence and freedom of choice for older Nebraskans." To accomplish this, the Unit performs a variety of advocacy, planning, research, education, coordination, public information, monitoring and evaluation functions. It collaborates with public and private service providers to ensure the presence of a comprehensive and coordinated community-based services system that will assist individuals to live in a setting of their choice that best meets their needs and allows them to continue to be a contributing member of their community.

To meet the goals of Nebraska's mission statement, which emphasizes independence and choice, Nebraska utilizes the Administration on Aging's Strategic Action Plan national goals for 2007-2012 as outlined below:

- Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare; and
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The Older Americans Act of 1965 as last amended in 2006 provides the framework for developing a comprehensive and coordinated system of aging services in the United States. As provided in the Act, the Administration on Aging designates a State Unit on Aging in each state. That State Unit on Aging is responsible for developing and administering a state plan on aging.

The State Unit on Aging was created in 1997 and prior to that, the State Unit on Aging was designated as the Nebraska Department on Aging Services from 1982 to 1997 and as the Nebraska Commission on Aging from 1971 to 1982.

The State Unit on Aging has a 12-member Advisory Committee appointed by the governor. The committee advises the State Unit on Aging on the needs of older Nebraskans and reviews its policies and budgets. A list of committee members is included in Appendix E.

Nebraska's aging network includes eight Area Agencies on Aging designated by the State. These agencies were originally formed under the Nebraska Intergovernmental Cooperation Act. The agencies are governed either by a board comprised of local elected county/city officials or their designees or by an instrumentality of local government.

The eight agencies serve Nebraska's older citizens in each of the state's ninety-three counties. The area agency offices are located in Beatrice, Hastings, Kearney, Lincoln, Norfolk, North Platte, Omaha and Scottsbluff. (See Appendix A for a list of, and contact information for, the eight AAAs.)

Role of the State Unit on Aging (SUA) in Long-Term Care and Aging Services Coordination

1) Money Follows the Person: Since 2007, Nebraska's Department of Health and Human Services (DHHS) has received grant money for Money Follows the Person Program (MFP). The MFP is administered by the Grant Funded Unit within the Division of Medicaid and Long-Term Care. Recently, the State Unit on Aging (SUA) submitted a proposal and was awarded funding through a Money Follows the Person Rebalancing Demonstration supplemental grant based on Opportunity C (Nursing Home Transition). Within the accepted proposal, Nebraska's ADRC was named as the Local Contact Agency (LCA) for MDS 3.0 Section Q referrals. This created a new working relationship between the Money Follows the Person program and Nebraska's contracting ADRC entity Answers4Families which would allow for MFP funding to be utilized to build ADRC infrastructure for supporting transitions. The SUA is supporting MFP's shifted program priorities to include greater emphasis on supporting nursing home residents who desire to return to their communities. Many of these individuals are identified through Medicare's Section Q process that identifies nursing home residents that want and are able to safely return to living more independently within their communities.

SUA Involvement: SUA and AAA representatives have worked with Nebraska's MFP Program since the program's inception. SUA representatives (State Long-Term Care Ombudsman and the Care Management Coordinator) work with the Area Agencies on Aging, Centers for Independent Living, State MFP staff, and the contracting ADRC entity Answers4Families, to ensure successful community transitions for nursing home residents. Residents are assessed and assisted by Care Managers from the local Area Agencies on Aging and the Centers for Independent Living. Ombudsmen provide informational brochures to interested residents, address resident and family councils about the process, conduct facility in-service trainings on how the Ombudsman interfaces with MDS 3.0, and assist with difficult transitions.

2) Program of All-inclusive Care for the Elderly (PACE): Immanuel Health Systems, in cooperation with the Division of Medicaid and Long-Term Care seeks a collaborative effort to establish a PACE program in Omaha and Lincoln to be functioning by 2012. No current program exists within Nebraska. PACE provides a continuum of support services for persons over the age of 55 with chronic care needs who are able to live safely within the community. The continuum ranges from primary medical care to specialists, home care such as home health, personal care and respite services to hospital and nursing home services, as well as a wide variety of services within an adult day care setting.

SUA Involvement: SUA representative worked with the initial PACE review team within the Division of Medicaid and Long-Term Care. Currently, the Division of Medicaid and Long-Term Care is coordinating with Immanuel Health Systems in submitting a PACE application for CMS approval.

3) ACCESS Nebraska: This project is a major shift in the application and eligibility determination process for Nebraska's Department of Health and Human Services' economic assistance programs. ACCESS Nebraska moves the application from a face-to-face process between client and caseworker to an on-line application, with follow-up information submitted by mail and assistance available through phone calls to Regional Call Centers. Concerns within Nebraska's Aging Network focus upon the potential impact upon older persons who may have modest abilities using web-based systems. Because this initiative demonstrates a core component of a fully functional ADRC Network, ACCESS Nebraska is therefore tied to Nebraska's ADRC Answers4Families web-based portal, where consumers can gain knowledge about the system and linkage to ACCESS Nebraska.

SUA Involvement: Representatives from the State Unit on Aging assess the impact upon older persons through discussions with local senior centers and Area Agencies on Aging. These observations are shared by SUA Representatives with ACCESS Nebraska's Community Partner Work Group.

4) Nebraska Public Transportation Coalition: This initiative began as a technical assistance grant from the National Center for Senior Transportation in October 2007. Since inception, interest in transportation has remained strong among a broad coalition; from consumers, advocates such as AARP, transportation service providers, state and regional human service agencies, universities and our Regional United We Ride coordinator. Within a few months the Coalition's focus shifted from senior mobility to public transportation. Nebraska sent a team, including a SUA Representative to the Community Transportation Association of America's (CTAA) Coordination Institute in November 2008. The following March, 2009, CTAA conducted a similar Institute for the Nebraska Coalition's Regional Teams. The Regional Teams identified need for Mobility Managers to work with human service providers, consumers and transportation services to improve access to services within their regions and communities. Currently, Mobility Managers have begun working in Omaha and Lincoln. Several Regional Teams in rural areas hope to have Mobility Managers soon.

SUA Involvement: Representatives from the State Unit on Aging wrote the grant to establish a Senior Mobility Coalition. While the Coalition has shifted to Public Transportation, older persons are the primary riders of our State's rural public transit systems. The SUA Representative remains active within the Coalition. Easter Seals Nebraska has recently assumed the leadership role of Nebraska's Public Transportation Coalition.

5) State and Grant Funded Programs

- *Social Services Block Grant (Title XX)*: This program provides a wide variety of support services across the Lifespan. The Division of Medicaid and Long-Term Care administers the program for adults (19 and older) who are aged or disabled. Support services available include case management, congregate meals, adult day care, transportation, home-

delivered meals and home-based services.

SUA Involvement: The Aging Network has historically relied on this program as a significant source of support services for a physically and economically at-risk older population. Starting in July 1, 2010, program adjustments regarding meals served were made. The impact of these shifts has yet to be determined.

- *Aged and Disabled Waiver:* This Medicaid Waiver provides a wide variety of home and community services to support persons 65 and over whose care needs meet nursing home eligibility requirements. Since the beginning of our last Four Year Plan, Nebraska's overall Aged and Disabled Waiver slots have increased 36% to the current level of 8248. All Nebraska Area Agencies on Aging provide service coordination for persons 65 and over who meet Waiver eligibility requirements. The Division of Medicaid and Long-Term Care provides the Lifespan Waiver which the Aged and Disabled Waiver is a component.

SUA Involvement: While direct program responsibility has been transferred from the SUA to another unit within the Division of Medicaid and Long-Term Care, a close working relationship still exists.

- *Senior Care Options:* A State funded pre-admission assessment for Medicaid clients who meet eligibility requirements for placement in nursing home care. Pre-admission screenings for persons 65 and over are completed by Nebraska's Area Agencies on Aging.

SUA Involvement: The SUA and the Division of Medicaid and Long-Term Care work closely together to monitor this pre-admission initiative.

- *Disabled Persons and Family Support (DPSF):* This program provides funding for services for individuals with disabilities to help them continue to live independently or to assist families to support a disabled member at home. Types of supported services range from personal care, home health care, housekeeping and transportation to special equipment and home modifications.
- *Lifespan Respite Services:* This State program provides a regional network to coordinate respite services and provides a monthly stipend for caregivers to purchase respite services. The regional network is responsible for recruiting respite providers; offer training for providers, caregivers and consumers; providing information and referral regarding respite resources and services; marketing around the availability of and need for respite; and matching families with appropriate respite providers.

SUA Involvement: Nebraska's Aging Network has been actively involved with the Lifespan Respite Network since its inception. The Lifespan Respite Service and AoA's Caregiver Support Program are natural partners. The SUA successfully pursued an AOA Lifespan Respite Grant. This grant will significantly improve the data systems of the Lifespan Respite Program and more closely align this program with the Nebraska ADRC.

6) 211: Information and Referral of Nebraska (IRNe) is a collaborative group of organizations from across the state working to ensure that individuals have an easy means to search the entire state for health and human service organizations and programs serving their area and find the help they need. The contact information is updated on an ongoing basis with the assistance of project partners. Currently, Omaha, Lincoln and the Panhandle have active partners.

SUA Involvement: SUA and primarily AAA Representatives will review local human service contact information periodically for its adequacy and correctness.

7) Nebraska AARP: As a social welfare organization, the Nebraska AARP is a leading force in the Aging Network. The NE AARP is a nonpartisan organization that works on issues that affect the lives of Nebraska's seniors including adequate and affordable health care, fostering livable communities, and advocating for the rights of residents in long-term care facilities. The SUA continues to have a strong partnership with the Nebraska AARP and works with them on many levels.

SUA Involvement: The SUA participates in the AARP's Legislative Coalition and provides information to the group as it seeks to promote legislative bills in Nebraska's Unicameral that affect Nebraska seniors. The State Long-Term Care Ombudsman and Legal Services Developer participate in these meetings on a regular basis. SUA, AARP and University of Nebraska Omaha's Gerontology Program developed the original proposal for the National Center for Senior Transportation. The result is the Nebraska Public Transportation Coalition whose leadership was shared by the SUA and AARP staff. AARP requested and received a grant from National AARP to support Coalition initiatives. This funding has covered staffing support for the Coalition through Easter Seals. Another goal is to establish Mobility Managers in two rural regions (Omaha and Lincoln have this support).

8) Advancing Excellence Campaign: The Nebraska Local Area Network for Excellence (LANE) was formed in October 2006. The purpose of the LANE is to encourage Nebraska nursing homes to enroll in the Advancing Excellence in America's Nursing Homes Campaign and to support nursing homes in meeting Campaign goals. In Nebraska, fourteen agencies and organizations actively participate in the LANE as it seeks to elevate the quality of care and quality of life for all residents in Nebraska's nursing homes. Nebraska's percentage of participating nursing homes is significantly higher than the national average, even though participation is not tied to Medicaid dollars.

SUA Involvement: The Nebraska State Long-Term Care Ombudsman has been an active participant in the campaign since its inception. The Ombudsman works collaboratively with the other stakeholders in assisting nursing home in reaching their goals. Providing in-service trainings and creating and distributing educational DVD materials are two suspected explanations for Nebraska's higher than average nursing home participation rate.

9) Long-Term Care Provider Group: This group is similar to the statutorily required Nursing Home Advisory Board, but is open to all interested parties, whereas the Nursing Home Advisory Board is not. This group is facilitated by the State Survey Administrator in the Licensure Unit and meets quarterly to discuss trends and changes in the facility survey process. The group is comprised of any nursing home administrator or his or her designee who wishes to attend, representatives from education and the Alzheimer's Association, the State Nursing Home Board, the Nebraska Health Care Association and the State Long-Term Care Ombudsman.

SUA Involvement: The State Long-Term Care Ombudsman regularly attends this informational group. Nebraska complaint statistics, Survey and Certification Memorandums and information on the top ten tags detected in Nebraska facility surveys from the previous quarter are helpful. This information is shared with local and regional ombudsmen at the quarterly Ombudsman Meetings and is instrumental in preparing the ombudsmen as they enter facilities.

10) Culture Change Coalition: This group's mission is to provide education and resources to facility staff that will assist them in transforming their culture of care. It seeks to help organizations see the value in putting the person before the task. The group is comprised of facility staff. All Nebraska Ombudsmen and representatives from educational institutions are welcome members and their input is sought. Meetings are conducted in facilities across the state. Host facilities volunteer meeting space to the group as they showcase examples of how their nursing facilities have incorporated various aspects of change and have created a better environment for long-term care residents.

SUA Involvement: The State Long-Term Ombudsman attends these meetings on a regular basis and engages in dialog with the group, responds to questions regarding residents' rights and promotes the residents' perspective. Information provided to the ombudsman is reported at the Ombudsman quarterly meetings to benefit all ombudsmen who were unable to attend.

Aging Services

The State Unit on Aging grants state and federal funds to the area agencies to support local programs and services. The State Unit on Aging administers Title III and Title VII of the Older Americans Act and the Nebraska Community Aging Services Act. These funding sources allow the area agencies to provide a variety of aging services throughout their Planning and Service Area. The State Unit on Aging, utilizing state funds, administers the Nebraska Care Management Program. This program is operated through all eight Area Agencies on Aging and assists older persons who need long-term care to identify and access services that support independent living.

Under a contract managed by the Department of Health & Human Services—Division of Medicaid and Long-Term Care—Home and Community Based Waiver Unit, the Area Agencies on Aging provide pre-admission screening services for the Nebraska Senior Care Options Medicaid Program. Area Agency on Aging staff determines whether Medicaid eligible applicants require nursing home level of care. The Area Agencies on Aging also provide service coordination for persons over the age of 65 who are enrolled in the Aged and Disabled Medicaid Waiver Program.

Elder Rights services are provided by and coordinated through the State Unit on Aging. The Office of the State Long-Term Ombudsman serves as an advocate for long-term care facility residents by accepting, investigating and resolving complaints. The program also advocates for changes at a system level that will benefit long-term care facility residents. The SUA Legal Services Developer assists the Area Agencies on Aging in developing and enhancing legal assistance programs. The State Unit also works with other agencies to provide insurance counseling and to raise awareness about abuse, neglect, and exploitation of older persons.

The State Unit on Aging administers the state portion of the Senior Community Service Employment Program. This employment program provides training opportunities to older workers. The state positions are awarded to the Eastern Nebraska Office on Aging, Aging Partners and Experience Works. Our administrative responsibilities include development of the State Coordination Plan, equitable distribution of training positions and coordination of advocacy on behalf of older worker issues.

The State Unit on Aging works with the Area Agencies on Aging and other community partnerships to meet the needs of the changing population of older individuals using the following methods:

- Empower Older Nebraskans to make a healthy and safe choice of where they live;
- Assist older Nebraskans in accessing home and community based services, which prevent or delay entry into nursing homes and allow individuals to live in an environment of their choice through case management activities;
- Assist older Nebraskans in learning about long-term care options when seeking assistance with or planning for additional needs;

- Encourage Nebraskans to plan ahead for their future long-term care needs as an avenue for maintaining optimal independence and autonomy, including choice and control over where, how and from whom they receive long-term care services;
- Assist Nebraskans in maintaining their independence and autonomy and empower them to be knowledgeable of and to exercise their rights, including the right to live in the least restrictive environment possible;
- Promote health and prevent disease via evidence-based Health Promotion and Disease Prevention (HPDP) programs;
- Address the nutritional well-being of older Nebraskans served through the Aged and Disabled Waiver and Care Management Programs;
- Encourage Nebraskans to engage in preventative health activities and effectively manage chronic illness as an avenue for decreasing or delaying the likelihood of needing long-term care and services in the future;
- Assist long-term care facility residents in receiving quality care and experiencing the highest quality of life.

Development of the State Plan

As an initial step in developing the State Plan, the Nebraska State Unit on Aging reviewed the Administration on Aging's Strategic Action Plan for FY 2007-2012, the Program Instruction (AoA-PI-10-05) and the National Association of States United for Aging and Disability Technical Assistance State Planning Zone.

Nebraska State Unit on Aging program staff met over several months to develop the goals, objectives, strategies and outcomes that define the Unit's strategy to fulfill its commitment to older Nebraskans.

A Nebraska Aging Network planning retreat was held in the fall of 2010 to determine the needs of older Nebraskans across the state. Staff from the eight Area Agencies on Aging were in attendance and the importance of various Aging services were discussed.

A statewide questionnaire entitled *Maintaining Independence & Planning for the Future* was distributed across the state. A cumulative example of responses is included as an appendix with this plan.

The State Plan was prepared by the staff of Nebraska's State Unit on Aging to meet the requirements of Section 307 of the Older Americans Act. Nebraska has opted to present a Four-Year State Plan for the period October 1, 2011 through September 30, 2015.

The Nebraska State Unit on Aging's mission is to "Promote the Dignity, Independence, and Freedom of Choice for Older Nebraskans." The State Plan incorporates the mission and goals into the body of the plan and includes comments received during the public hearing.

Focus Areas

A. Older Americans Act Core Programs

Title III

In Nebraska the Supportive, Nutritional, Health Promotion and Caregiver services of the Older Americans Act (OAA) Title III Grants for State and Community Programs on Aging are administered through the Area Agencies on Aging. The State Unit on Aging and the Area Agencies on Aging are committed to strengthening and expanding these fundamental services to meet the changing needs of older Nebraskans. A key element of the state's strategy for fortifying core Title III programs is the development of the Aging and Disability Resource Centers (ADRC). Through this initiative, streamlining access to existing services and supports will be achieved.

One way the SUA works to strengthen service delivery is through the monitoring process of Title III programs. Program activities are viewed through performance measurement, as indicated by: 1) improving efficiency; 2) improving client outcomes; and 3) effective targeting to vulnerable elder populations. The Nebraska Aging Management Information System (NAMIS) is the vehicle through which data management for the Aging Network is reported. Through this system outcome measurements can be demonstrated.

Performance indicators are used to track progress for program outcomes. For home and community-based services, these indicators are:

- Efficiency indicators, which assess how many services are provided and at what cost, expressed as the number of participants served per dollars of funds expended;
- Client outcomes indicators, which include consumer assessment of service quality and effectiveness;
- Effective targeting indicators, which assess the program's ability to serve those who may be vulnerable, such as minorities, people with disabilities, and those who live at or below poverty level or live in rural areas.

Title VI

Services for Native Americans Programs through Title VI are administered through three Nebraska Tribes; Omaha, Santee Sioux and Winnebago. Collectively these tribes offer home and community-based supportive services to Nebraska's older Native Americans, including nutrition services and support for family and informal caregivers. All three Title VI programs reside in the Planning and Service Area of the Northeast Nebraska Area Agency on Aging (NENAAA). NENAAA provides technical assistance to the Santee, Macy and Winnebago Senior Centers. Each Center is invited to attend quarterly trainings sponsored by the Agency and members of the centers are offered an invitation to participate as members of the Agency's Advisory Board. NENAAA contracts with Nebraska Legal Aid for legal services specializing in Native American elder law.

Within the planning and service area for NENAAA, for those Native American older adults who qualify, Care Management and Medicaid Waiver are provided. NENAAA supports Native American communities by actively participating in local health fairs, offering presentations on health and wellness, fraud and scam, and nutrition education. The Agency strives to collaborate with the Native American communities in order to support their initiatives and avoid duplication of services.

The State of Nebraska Commission on Indian Affairs has been identified as a new partner. The State Unit on Aging is interested in working collaboratively with the Indian Affairs Commission on efforts that will reduce the need for costly institutional care and medical interventions; will be responsive to the cultural diversity of Native American communities; and will represent an important part of the communities' comprehensive services.

Title VII

The Title VII Elder Rights Program is a core Older Americans Act program that serves as one of the foundations of the National Aging Services Network. As required in Section 705(a) of the OAA, the State Unit on Aging (SUA) has developed an Elder Rights Program that focuses on protecting the rights of vulnerable older adults in the community and in institutional settings. Program Areas within Title VII include State Legal Assistance Development and State Long-Term Care Ombudsman Program.

The SUA has a designated State Legal Assistance Developer who provides or arranges for training on legal issues at the state and local levels; reviews and updates resources such as the Surrogate Decision Making Booklet; and provides ongoing technical assistance and program monitoring to the AAAs.

The State Long-Term Care Ombudsman Program is unique in that the program has both regional ombudsmen (state employees) and local ombudsmen (contracted workers). The State Long-Term Care Ombudsman manages all aspects of the LTC Ombudsman program and certifies/decertifies all ombudsmen regardless of whether the ombudsman is paid staff or has volunteer status. The State Long-Term Care Ombudsman provides training opportunities to all and monitors each site on an annual basis to ensure conformance to statutes and regulations.

Supportive Services Program

A wide variety of services are available to help maintain older persons in their community. These include access, in-home and community support services.

Access Services are the connection between the community and its supports. Services provided range from general information about community services to transportation to assistance in applying for needed services. Assistance is sought for a wide variety of personal reasons, including sorting out which Medicare Prescription provider best matches an individual's needs, locating help in making homes safer, understanding available options within a Reversed Mortgage, and for finding an available physician or dentist that accepts Medicaid. These represent a small sampling of the issues individuals present when asking for aid through Access Services.

In-Home Services also include a broad range of support services. A sampling of such services includes assistance with activities of daily living through personal care, minor home repair, maintenance and safety issues, housekeeping and temporary relief of caregivers through respite services.

Community Support Services: Senior Centers are often the most visible access points for information regarding support services within a community. Requests for information can include inquiries about senior center services such as nutritional support through congregate and home-delivered meals, health promotion efforts, social activities, community transportation and advocacy for older persons.

Legal Assistance Program: A Legal Assistance Developer once aptly called the Legal Assistance Program "The Orphan of the Elder Rights Program." AAA models of service delivery vary in the level and depth of legal services provided in their respective area. While some AAAs provide a full array of services like legal information, community education, brief service and consultation and direct legal representation, others have opted to contract with Legal Aid of Nebraska through the N4A to provide services through the ElderAccessLine®. This makes the current system fragmented, lacking the needed consistency in legal services.

Nebraska is in the second year of the three-year Model Approaches to Statewide Legal Services Grant. Nebraska's model will build on the current system with the goal to ensure that elders with the greatest social or economic need have access to quality legal assistance through an integrated service delivery system. The model demonstrates effective approaches to unify and integrate an existing infrastructure that largely lacks coordination. The Elder Rights Coalition serves as the Advisory Council to the Model Approaches Grant and helps in spotlighting the challenges in the system, providing input on strategies to address the gaps to enhance efficiency in legal services to the underserved elderly.

The statewide ElderAccessLine® (1-800-527-7249) received over 4000 calls in the past year. The services provided to seniors include, information and referral, and advice on topics such as collection, bankruptcy, wills/estate, taxes/financial and Medicaid. Some AAA's have identified priorities of service in their respective contracts with their legal service provider. The Model Approaches Grant helps bridge the gaps in services due to the rural nature of the state with a

continuum of services designed to meet the needs of the homebound elderly, rural and minority elder population including Native Americans, Hispanics and African Americans. A Cultural Competency Toolkit has been developed and is being disseminated to AAA staff. Nebraska has a statewide reporting system for legal services that is comprehensive and detailed. It is used by the Title IIIB legal service providers and the ElderAccessLine®.

The legal services program coordinates services, with the State Bar Association's Volunteer Lawyer Project, University of Nebraska Law School Civil Clinic, Creighton Law School Clinic, twenty-two Domestic Violence Centers, and Mediation Centers.

Goals, Objectives, Strategies and Measures

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Assist senior Nebraskans in accessing home and community-based services, which can delay entry into nursing homes.

Strategies

1. Provide outreach, information and assistance, legal and case management through the State Care Management Program.
2. At-risk individuals are aided in identifying sources of assistance as well as navigating the eligibility process of these support services.
3. The State Unit on Aging will continue to meet with the Area Agencies on Aging to enhance a consistent Nebraska Care Management Program.
4. Maintain a comprehensive directory of available public and private resources that include formal and informal community-based services for use in referral activities for the Care Management Program.

Measurements (baseline established in fiscal year 2011)

1. Increase the number of outreach units reported by 1% annually each year from FY 2012 through FY 2015.
2. Maintain Case Management slots at full capacity from FY 2012 through FY 2015.

3. Maintain unit rate within state regulated base from FY 2012 through FY 2015.

Objective

Recognize and promote the contribution of older workers in our economy.

Strategies

1. Publicize older worker contribution through recognition events such as Nebraska's Most Outstanding Older Worker and the Governor's Proclamation of Older Worker Week annually for FY 2012 through FY 2015. Proclamation ceremony held in September.
2. Provide state leadership with groups such as Nebraska's Older Worker Council and Nebraska's Senior Community Service Employment Program (SCSEP).
3. Provide management support to sub-grantees to assure accomplishment of the SCSEP program performance goals.

Measurements (baseline for performance measures negotiated with the U.S. Department of Labor annually)

1. Increase the number of persons served by 1% annually each year from FY 2012 through FY 2015.
2. The number of program participants finding employment will be 2% above U.S. Department of Labor's annual goal from FY 2012 through FY 2015.
3. The retention rates of those finding employment will be 2% above U.S. Department of Labor's annual goal from FY 2012 through FY 2015.
4. Maintain at least a 75% satisfaction rate with the program through surveys of program participants, host agency training sites, and employers annually each year from FY 2012 through FY 2015.

Objective

Strengthen core access services such as transportation.

Strategies

1. Continue to work with leadership of the Nebraska Public Transportation Coalition, initially the Senior Mobility Coalition, towards the development of coordinated transportation systems within our State.
2. Work with Coalition to establish regional mobility managers in areas outside of Lincoln and Omaha.

Measurements (baseline established from Elder Access Line in fiscal year 2011)

1. Increase the number of transportation service providers by 1% annually each year from FY 2012 through FY 2015.
2. Develop a strategic plan by October 1, 2013 for establishing regional mobility managers throughout Nebraska.

Objective

Provide legal services that will provide education about rights and representation to the most vulnerable, underserved elderly persons with greatest social or economic need.

Strategies

1. Develop a statewide system for results-oriented accountability that includes collecting data, evaluating, reporting and responding to results. Develop a statewide report for AAAs/legal service providers, evaluate the effectiveness and compile a statewide annual report.

Measurements (baseline established in fiscal year 2010)

1. Number of cases closed. Percentage of cases, focusing on target population issues. Percentage breakdown of service types. Number of active cases over time. Monetary impact on client. Compile data annually each year from FY 2012 through FY 2015.
2. Build on existing models and other available resources to develop outcome-based service standards. Develop statewide legal standards that AAAs/legal services providers will be monitored against. Implementation to start FY 2013.
3. Collect data and prepare periodic status reports to measure level of services provided. State quarterly reports and an annual report from FY 2012 through FY 2015.
4. Maintain high levels of elders satisfied with legal services at 85% or higher. Legal Aid does annual surveys of elderly using the Elder Access Line (EAL).

Nutrition Program

Adequate nutrition is critical to healthy functioning and life quality. Nutrition programs for the Elderly available through the Older Americans Act help older adults who might not eat adequately, and through better nutrition, assist them to remain healthy and independent in their communities.

Congregate and home delivered meals through the Older Americans Act program must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the

Dietary Guidelines for Americans, issued by the Secretaries of the Departments of Health and Human Services and Agriculture.

Congregate meals are served five days per week, allowing older people to enjoy positive social contacts with other seniors in a group setting. Meals are provided in a variety of different settings which include: senior centers, restaurants, independent and assisted living facilities and schools. Persons age 60 or older and their spouses regardless of age are eligible for meals; however, priority is given to those with the highest physical, economic, or social need and to minority or rural older individuals.

Home delivered meals are service options that may be funded through the Nutrition Program for the Elderly, the Aged and Disabled Waiver program, Social Services Block Grant and Disabled Persons and Family Support. Meals are delivered to the individual residences of vulnerable, older persons who are normally unable to leave their homes without assistance. These clients typically need assistance with meals, because they are unable to prepare meals for themselves and lack an informal support system to routinely provide assistance with meals. Services are intended to maintain or improve the nutritional status of these clients, support their independence, prevent premature institutionalization, and allow earlier discharge from hospitals, nursing homes, and other residential facilities.

The Nutrition Program also provides a wide range of other related services through the aging network's service providers. Programs such as nutrition screening, assessment, education and counseling are available to help older participants meet their health and nutrition needs. These programs also include special health assessments for such diseases as hypertension and diabetes.

In addition to providing nutrition and nutrition-related services, the Nutrition Program provides an important link to other needed supportive in-home and community-based services such as home-maker, chore, transportation, physical activity programs, and even home repair and home modification programs.

Goals, Objectives, Strategies and Measures

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Work to provide nutritionally insecure older adults with more nutrition options.

Strategies

1. Where feasible, expand home-delivered meal service to 7 days per week.
2. Conduct outreach for Food Assistance Programs, e.g., SNAP, Block Grant, Senior Farmers' Market Nutrition Program, Community Supplemental Food Program.
3. Increase the number of Nutrition Counseling service units.
4. Increase transportation services for food access.
5. Develop private pay guidelines for AAAs by September 30, 2012.
6. Develop strategic plan for implementation of a standardized meal voucher program by September 30, 2012.
7. Seek additional opportunities for sponsored meals.

Measurements (baseline established in fiscal year 2011)

1. Maintenance or increase of the number of clients served annually by 1% each year from FY 2012 through FY 2015.
2. Maintenance or increase of the number of meals served annually by 1% each year from FY 2012 through FY 2015.
3. Increase the number of Nutrition Counseling service units by 1% annually each year from FY 2012 through FY 2015.
4. Increase the number of Transportation service units by 1% annually each year from FY 2012 through FY 2015.
5. Increase the number of private pay clients by 1% annually each year from FY 2012 through FY 2015.
6. Increase total revenue supporting C1 and C2 programs by 1% annually each year from FY 2012 through FY 2015.

Objective

Delay institutionalization in high-risk and non-Medicaid individuals.

Strategies

1. Identify high-risk groups for targeting prevention initiatives and activities.
2. Continue to identify and build aging network partnerships.
3. Develop aging network best practices models by October 1, 2014.
4. Heighten awareness about aging support services available through:
 - Disseminate printed materials.
 - Develop and implement standardized questionnaire with two to three key questions on the uniform I&R/assessment tool which identifies high risk individuals.
 - Identify assistance programs e.g., SNAP, SFMNP, CSFP, Block Grant, DFSP, Homestead Exemption.
 - Inform seniors about possible private pay options for aging support services.

Measurements (baseline established in fiscal year 2011)

1. Increase the number of high-risk individuals receiving AoA supportive services by 1% annually each year from FY 2012 through FY 2015.
2. Maintain or improve nutrition status of high-risk individuals receiving AoA nutrition support services by 1% annually each year from FY 2012 through FY 2015.

Health Promotion and Disease Prevention Programs

Health Promotion/Disease Prevention programming is provided through the aging network to help older adults live healthier more active lives. Low-cost interventions at the community level include areas such as fall prevention, physical activity, chronic disease self-management, medication management, foot care and nutrition. Seniors benefit from these programs by making behavioral changes that have proven effective in reducing the risk of disease and disability among the elderly.

As identified through the Nebraska Behavioral Risk Factor Surveillance System assessment, a high percentage of older adults in Nebraska have arthritis, high blood pressure, metabolic syndrome (pre-diabetes), cardiovascular disease, and have fallen. With the prevalence of these problems, it is imperative to help older adults by providing programs to support chronic disease management and promote education for older adults on positive lifestyle changes that includes better chronic disease management, good nutrition and physical fitness.

The Nebraska State Unit on Aging, in partnership with the Nebraska Cardiovascular Program, has implemented the Chronic Disease Self Management Program “Living Well.” This collaborative effort has allowed AAAs to: embed the Chronic Disease Self-Management Program infrastructure at the community level; enhance the engagement of older adults and the aging network of providers in this programming; and improve the quality of life for older Nebraskans with chronic disease.

Nebraska has been fortunate to have a strong partnership with the Nebraska Department of Agriculture. Through this partnership, the Senior Farmers’ Market Nutrition Program is administered. Since the program’s inception in 2000, a statewide program has been offered, benefiting older adults as well as farmers. This innovative program provides coupons for Nebraska-grown fruits and vegetables to individuals who are at least 60 years old and who meet income guidelines of 185% of the federal poverty level.

The State Unit on Aging will continue emphasizing the importance of leading healthy lifestyles by promoting additional evidence-based health promotion and disease prevention programs into the aging network. The availability of workshops and programs will be expanded to include more online opportunities, and the State Unit on Aging will work toward securing a broader and more sustainable funding base.

Goals, Objectives, Strategies and Measures

Goal

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

Objective

Promote the usage of evidence based programs throughout the aging and public health network.

Strategies

1. Offer nutrition screening, nutrition education and nutrition counseling through the AAA.
2. Provide evidence based programs throughout the aging network.
3. Seek to expand evidence based programs throughout the aging network.
4. Integrate the development and improvement of health literacy skills into evidence based programs throughout the aging network by FY 2013.
5. Throughout FY 2012, work with local Health Department programs to further embed evidence based programs at the local level.
6. Target caregivers for participation in the Chronic Disease Self-Management program.
7. Target Medicaid recipients for participation in the Chronic Disease Self-Management program.
8. Work towards identifying sustainable funding for the Chronic Disease Self-Management program by FY 2014.
9. By September 30, 2012, develop plan for moving 50% of Title IIID funding into Evidence Based programs.

Measurements (baseline established in fiscal year 2011)

1. Maintenance or improvement of the number of sites offering evidence-based health education programs by 1% annually each year from FY 2012 through FY 2015.
2. Increase the number of older adults participating in evidence-based health programs by 1% annually each year from FY 2012 through FY 2015.
3. Increase the number of caregivers participating in evidence-based health programs by 2% annually each year from FY 2012 through FY 2015.

Objective

Educate the general public on Medicare preventive benefits.

Strategies

1. Provide support for professionals and service providers with information and resources on Medicare preventive benefits.
2. Develop and post on ADRC website easy-to-read resource briefs on Medicare preventive benefits by March 30, 2012.
3. Collaborate with Senior Health Insurance Information Program (SHIIP) on the creation and dissemination of health reform information annually each year from FY 2012 through FY 2015.
4. Utilize SHIIP and Medicare Part D local enrollment events as opportunities to provide outreach and recruitment into the Living Well Program.

Measurements (baseline established in fiscal year 2011)

1. Increase the number of persons receiving educational materials by 1% annually each year from FY 2012 through FY 2015.
2. Increase the number of partners disseminating educational materials by 2% annually each year from FY 2012 through FY 2015.
3. Increase the number of Medicare participants participating in the Living Well Program by 1% annually each year from FY 2012 through FY 2015.

Elder Rights Program

The State Unit on Aging (SUA) has developed an Elder Rights Program that focuses on protecting the rights of vulnerable older adults in the community and in institutional settings. Prior to the development of this plan, input was solicited from the public through a survey and a public hearing. The survey included specific questions regarding elder rights and an opportunity for written and verbal comment was provided. The program has been developed pursuant to the provisions of the OAA. The state maintains financial reports of expenditures to assure supplanting of funds does not occur.

Programs for the Prevention of Abuse, Neglect and Exploitation: The AAAs collaborate with Adult Protective Services (APS), law enforcement agencies and other agencies to provide services, workshops and raise awareness about abuse, neglect and exploitation. In the Lincoln area, TRIAD, which is a partnership of three organizations, law enforcement, senior citizens and community groups, is actively involved in activities to help prevent abuse, neglect and exploitation of older persons. Rotating billboards in Lincoln and Omaha highlight a warning to “Stop Elder Abuse.” In Lincoln, a Guardianship Task Force meets regularly to discuss issues surrounding guardianship and conservatorship and the potential for abuse. AAAs partner with APS on an ongoing basis on projects and initiatives, including the World Elder Abuse Awareness Day observance. Statewide activities leading up to WEAAD include radio Public Service Announcements (PSAs) and video PSAs in movie theaters, presentations by Long-Term Care (LTC) Ombudsmen at assisted living facilities, distribution of brochures, bookmarks and other information at senior centers and other local venues where older citizens congregate. The Elder Rights Coalition sponsors statewide trainings on elder rights issues such as guardianship, conservatorship, representative payee and advance directives. The Legal Assistance Developer (LAD) and the State LTC Ombudsman both are members of various committees and groups that meet periodically such as the Senior Medicare Patrol Steering Committee, Eastern Nebraska Anti Fraud Association, AARP Advocacy Coalition, Nebraska Advocacy Services, Advancing Excellence, and Culture Change Coalition. These meetings provide a forum to discuss issues related to elder abuse, neglect and exploitation with other organizations in the aging network and develop products such as training videos, brochures and positions papers on legislative issues. Ongoing collaboration with organizations such as TRIAD, Nebraska’s Attorney General Office’s Senior Anti Fraud Education (SAFE) Program, ADRC and the Health and Human Services’ Program Integrity Unit are valuable in centering discussion on the elder rights issues. The passage of the Elder Justice Act in 2010 has opened the door to expand the elder rights program nationwide to unprecedented levels. However, this will depend on Congress appropriating funds to implement the provisions of the law.

Senior Medicare Patrol Program plays a pivotal role in helping prevent abuse and financial exploitation. The LTC Ombudsman, LAD and staff in the aging network continue to serve on the SMP Steering Committee that meets quarterly. SMP volunteers fan out into the communities to educate seniors and disseminate materials on protecting, detecting and reporting health care fraud/abuse and other potential abuses that victimize seniors. The SMP quarterly newsletter “SMP Briefs” highlights, among other things, latest scams and frauds that befall seniors. The newsletters are available at <http://www.dhhs.ne.gov/newsletters/SMP-Briefs/>. SMP partners with the Better Business Bureau and other organizations in annual Shred-

it Events. SMP staff refer, investigate and help resolve issues related to abuse and financial exploitation of seniors by collaborating with Medicare contractors, AGO's SAFE program, LTC Ombudsman program, Medicaid Fraud Control Unit (MFCU) and the Medicaid Program Integrity Unit. The SMP and LTC Ombudsman Programs host an annual training for local coordinators and their volunteers in both programs. The Nebraska SMP received awards in three categories for 2009 including two Complex Issues Vigilance Awards for referring the highest dollar amount for further action and highest total savings to the project and a Special Achievement Award for contributing 57% of the National SMP savings in 2009.

State Legal Assistance Development: The SUA has designated a State Legal Assistance Developer (LAD) who provides or arranges for training on legal issues at the state and local levels, reviews and updates resources such as the Surrogate Decision Making Booklet and provides ongoing technical assistance and program monitoring to the AAAs. The LAD chairs the Elder Rights Coalition that meets quarterly to discuss systemic issues related to elder abuse, neglect and exploitation. Organizations represented on the Elder Rights Coalition include, Adult Protective Services (APS), Nebraska Advocacy Services, The ARC of Nebraska, LTC Ombudsman, University of Nebraska at Omaha Department of Social Gerontology, legal service providers, AAAs, AARP, law enforcement, Attorney General's Office and Legal Aid of Nebraska.

Long-Term Care Ombudsman Program: The Nebraska Long-Term Care Ombudsman Program assists residents in long-term care facilities across the state. Ombudsmen advocate for residents, inform them of their rights, and work to enhance the quality of their lives.

The Ombudsman Program partners with many agencies and organizations in a continued effort to move the program forward. The Nebraska SMP, ADRC, Money Follows the Person, Elder Rights Coalition, Nebraska Advocacy Services, Advancing Excellence Campaign and the AARP are a few of the programs and organizations in which the Ombudsman Program actively participates. Such partnerships have allowed the program to educate others about ombudsman services.

Currently, the Nebraska Ombudsman Program is unique in that it has both local ombudsmen and regional ombudsmen delivering services across the state's eight planning and service areas. The contracted Local Ombudsman Programs are housed in agencies across the state, with most residing in AAA's. Regional ombudsmen are state staff.

Goals, Objectives, Strategies and Measures

Goal

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Objective

Enhance awareness and outreach to protect the rights of all older Nebraskans, including their rights to be free from abuse, neglect and financial exploitation.

Strategies

1. Provide education and systemic advocacy on behalf of older Nebraskans through the Nebraska Elder Rights Coalition, including identification of key elder rights issues and development and implementation of resolution strategies and the efficient utilization of scarce resources. Quarterly Elder Rights Coalition (ERC) meetings and special projects.
2. Conduct a wide spectrum of annual World Elder Abuse Day activities to raise awareness such as media coverage, public service announcements in movie theaters, community presentations, bill board displays, and fact sheet and brochure dissemination in urban, rural and underserved areas. May through June every year through 2015.
3. Leverage multidisciplinary partnerships with organizations such as Adult Protective Services, Long-Term Care Ombudsman Program, Sexual Assault Programs, TRIAD, nursing home and assisted living associations to educate and raise awareness of elder abuse, neglect and exploitation. Ensure partners' participation on ERC and during World Elder Abuse Awareness Day Observance.
4. Organize and provide training on elder rights issues such as Guardianship, Conservatorship and Mediation for community health organizations, law enforcement, APS staff, AAA staff, elder law attorneys and financial institutions on issues of elder abuse, neglect and exploitation. At least every 2 years through 2015.
5. On an ongoing basis, monitor, review and share with relevant partners legislative initiatives related to Guardianship issues and implementation of the provisions of the Elder Justice Act. At ERC meetings, through the Listserv and trainings.
6. Educate seniors about protecting, detecting and reporting fraud, abuse and financial exploitation through the Senior Medicare Patrol Program volunteer network with events such as Shred-it Day, health, county and state fairs, Husker Harvest Days and Medicare at the Movies. State Fair and Husker Harvest Days are statewide annual events, shred-it events and Medicare Informational Meetings are local events held annually in the spring or fall and will occur from FY 2012 through FY 2015.

Objective

Establish a statewide system of legal services to reach the vulnerable, underserved elderly persons with the greatest social and economic need.

Strategies

1. Conduct focus groups of elderly underserved population to collect information on self-identified needs.
2. Make Culturally Competent Legal Services toolkit available to AAA staff and aging network partners.
3. Create sustainability plan for the Elder Access Line (EAL).

Measurements (baseline established from EAL in fiscal year 2010)

1. Maintain a call volume of over 3,500/year annually from FY 2012 through FY 2015.
2. Decrease cost per person served, cost per call and cost per caseload. EAL's internal goal, will follow accordingly.

Objective

Promote awareness and understanding of the types and levels of services available in the integrated legal service delivery system.

Strategies

1. Conduct Lunch and Learn sessions at strategic geographic locations, senior centers and service providers to inform older Nebraskans and aging agency employees about the continuum of legal services. Frequency every spring from FY 2012 through FY 2015, contingent upon funding availability.
2. Provide translation services via Language Line, advertisements in minority newspapers, referrals from partners for Limited English Speaking (LEP) and English as Second Language (ESL) elderly population. Occurrence defined by as needed basis.
3. Make the culturally competent legal services toolkit available to AAA staff and aging network partners through State Unit on Aging and Legal Aid websites. Upon request for new employees. Current employees have toolkits.

Measurements (baseline established in fiscal year 2010)

1. Increase in the number of outreach events conducted in each AAA's geographic area by 5% in FY 2012. Thereafter, maintain from FY 2013 through FY 2015.
2. Increase in services to minority elder populations, Over 50% low income; over 1/3 geographically isolated; 15% of minority members including Native Americans, African Americans, Hispanics and others.

Objective

Increase awareness of and protect the rights of older Nebraskans in long-term care facilities, including their right to be free from abuse, neglect and financial exploitation.

Strategies

1. Provide education, information and systemic advocacy on behalf of older Nebraskans through active participation in groups such as the Nebraska AARP, Nebraska Elder Rights Coalition, Nebraska Assisted Living Coordination Meetings, Nebraska SMP and the Nebraska Local Area Network for Excellence (LANE) Campaign. Identify key issues in long-term care and assist partners in developing and implementing strategies to resolve the issues. On-going from FY 2012 through FY 2015.
2. Conduct facility staff in-service trainings at long-term care facilities across the state on residents' rights and how to prevent, identify and report physical and financial abuse towards residents. Frequency defined per request from FY 2012 through FY 2015.
3. Conduct Residents' Rights and Abuse trainings at the Nebraska Health Care Association's annual training for long-term care facility social services designees. Annually from FY 2012 through FY 2015.
4. In cooperation with the Nebraska SMP, provide an annual training to Nebraska's Adult Protective Services (APS) workers on physical, emotional, verbal and financial abuse. Performed annually from FY 2012 through FY 2015.
5. Work collaboratively with the Nebraska SMP, the Program Safeguard Contractors and the Medicaid Fraud Control Unit Investigator in cases of suspected financial abuse. As needed from FY 2012 through FY 2015.
6. The State Long-Term Care Ombudsman and all local and regional ombudsmen will remain active members of the Nebraska SMP Steering Committee and attend all quarterly meetings where fraud information is shared by SMP stakeholders. Quarterly meetings occur January, April, July, and October from FY 2012 through FY 2015.
7. Provide facility consultations throughout the year to facility staff. Provide information and consultations to residents and individuals on residents' rights and resolve complaints by or on behalf of residents. Frequency on-going as requested from FY 2012 through FY 2015. Baseline FY 2011 – NORS.
8. Provide education and information on residents' rights and abuse at Resident Council and Family Council meetings in long-term care facilities across the state. Frequency on-going as requested from FY 2012 through FY 2015. Baseline FY 2011 – NORS.
9. Market residents' rights and abuse materials to seniors, those in long-term care facilities, their friends and family who are potential consumers themselves, and those who currently respond to the concerns of seniors and/or residents. Frequency on-going as requested from FY 2012 through FY 2015.

Measurement

1. Produce market and distribute educational products on resident quality of care and quality of life such as the DVD created in cooperation with the Nebraska LANE stakeholders on how to prevent pressure ulcers. Anticipated annually from FY 2012 through FY 2015 based on partnership cooperation. Distribution rate consumer driven.
2. Increase then maintain the number of facility staff in-service trainings, participation in resident and family councils meetings, participation in the survey process, and number of facility consultations as reported in the state-wide Ombudsman reporting system Ombudsmanager. Increase by 2% in FY 2012. Maintain from FY 2013 through FY 2015. Baseline FY 2011 – NORS.
3. Maintain high satisfaction scores on participant conference evaluation forms from the Social Services Designee Annual Training from FY 2012 through FY 2015.
4. Create and use an assessment tool to determine if information delivered during in-service trainings and other program presentations is understood by participants and thought to be of value. Create in FY 2012 and implement usage when other tools are not available to be administered FY 2012 through FY 2015.
5. Maintain an active presence at community education events such as the Nebraska State Fair where ombudsman and informational brochures are distributed to interested individuals of all ages and one-on-one consultations with individuals occur. The National Ombudsman Reporting System (NORS) report FY11 is the baseline. Annually performed from FY 2012 through FY 2015.

Objective

Ensure that residents have the right to live in the least restrictive environment possible.

Strategies

1. Work collaboratively with agencies and programs within the Aging Network such as Nebraska Money Follows the Person (MFP), Nebraska Aging and Disability Resource Center (ADRC), Area Agencies on Aging (AAA's), Centers for Independent Living, and Nebraska State Survey's Licensure Unit to ensure this right is exercised. On-going work performed from FY 2012 through FY 2015.
2. Work with the Nebraska Health Care Association to promote the informational facility in-service presentation "How the Ombudsman Program Interfaces with MDS 3.0" to the association's membership. On-going work performed from FY 2012 through FY 2015.
3. Provide informational presentations to resident and family councils and other interested parties on how the Ombudsman Program interfaces with MDS 3.0 Section Q. On-going work performed as requested from FY 2012 through FY 2015.
4. Distribute informational brochures to residents who have expressed an interest in living in a less restrictive environment. On-going work performed from FY 2012 through FY 2015.
5. Provide information and consultations to residents or those on behalf of residents regarding the residents' right to live in the least restrictive environment possible. On-going work as requested performed from FY 2012 through FY 2015.

Measurements

1. Maintain community awareness activities in the NORS report using FY11 level as the baseline. On-going activities performed from FY 2012 through FY 2015.
2. Create a baseline from Money Follows the Person Program (MFP) Annual report for FY12 of individuals who transition out of nursing facilities. Potential increase based on partners available resources.
3. Create a baseline in Ombudsmanager database on number of facility in-service trainings focused on Nursing Home Transitional Information presentations. Create using FY 12 measures and thereafter maintain from FY 2013 through FY 2015.
4. Create a baseline in Ombudsmanager database on number of Center for Medicare and Medicaid (CMS) brochure "Your Right to get Information about Returning to the Community" and the Nebraska MFP Program informational brochures requested by local ombudsmen to be distributed to residents with transitional questions. Create in FY 2012. Thereafter, maintain from FY 2013 through FY 2015.
5. Create a baseline in Ombudsmanager database on number of consultations and number of instances of participation in Resident and Family Councils as reported in Ombudsmanager specific to nursing home transitional information. Create in FY 2012. Thereafter, maintain from FY 2013 through FY 2015.

Objective

Work collaboratively with other agencies in analyzing and monitoring proposed state legislation that impacts the quality of care and quality of life of residents in long-term care facilities.

Strategies

1. Participate in and provide information to the Nebraska AARP's Aging Legislative Coalition and Nebraska Advocacy Services. Attend meetings as scheduled by partners from FY 2012 through FY 2015.
2. Provide program and fiscal impact information to the Nebraska Department of Health and Human Services on bills introduced to the legislature relevant to the Long-Term Care Ombudsman Program. Annually performed from FY 2012 through FY 2015.

Measurements (baseline to be established in fiscal year 2012)

1. Bills passed which have the potential to benefit seniors. Annually assessed from FY 2012 through FY 2015.
2. Increase in time spent on monitoring law as recorded in NORS report. Increase in FY 2012. Thereafter, maintain from FY 2013 through FY 2015.

Objective

Foster existing and develop new partnerships with agencies dedicated to improving the quality of care and quality of life of Nebraska seniors in the community and residents in long-term care facilities.

Strategies

1. Participate in and provide education and information to groups and advisory councils such as the Nebraska Culture Change Coalition, Nebraska SHIP, Nebraska Consumer Protection Division, Nebraska Advocacy Services, Protection and Advocacy for Individual Rights (PAIR) Council, Nebraska LANE of the Advancing Excellence Campaign, Nebraska SMP and Nebraska Adult Protective Services. As scheduled by partners and requested from FY 2012 through FY 2015.
2. Provide information presentations to other agencies and organizations on the Long-Term Care Ombudsman Program, program issues and emerging concerns in long-term care. As requested from FY 2012 through FY 2015.
3. Accept referrals from other agencies and make referrals to appropriate organizations and agencies as necessary to resolve complaints of Nebraska seniors living in the community and residents in long-term care facilities. As needed from FY 2012 through FY 2015.

Measurements (baseline established in fiscal year 2011)

1. Maintain number of Community Education instances in the NORS report using numbers in FY11 as the baseline. Administered from FY 2012 through FY 2015.
2. Maintain number of dispositional codes in Ombudsmanager database referring cases to other agencies using FY11 as the baseline. Administered from FY 2012 through FY 2015.

Objective

Increase the knowledge base of those delivering ombudsman services using curriculum provided by the National Long-Term Care Ombudsman Resource Center to equip long-term care ombudsmen for effective advocacy and to enhance understanding of how data is recorded to improve consistency in reporting and recording activities into the state-wide reporting system.

Strategies

1. Provide technical assistance as requested by local, regional and volunteer ombudsmen. Performed from FY 2012 through FY 2015.
2. Provide quarterly training sessions for ombudsmen and require attendance. Quarterly defined as January, April, July and October from FY 2012 through FY 2015.
3. Provide Annual Ombudsmanager Training and strongly encourage attendance. Administered annually from FY 2012 through FY 2015.

4. Facilitate Annual Volunteer Trainings for volunteers and local and regional ombudsmen and strongly encourage attendance. Performed from FY 2012 through FY 2015.
5. Provide ombudsman training at the Annual Region VII Four-State Conference. Administered annually from FY 2012 through FY 2015.
6. State Ombudsman will provide training to volunteers in local areas at the request of the local ombudsman. Performed from FY 2012 through FY 2015.
7. Within three months of hire, require all ombudsmen recording information into the Ombudsmanager database to take National Ombudsman Reporting System (NORS) Training quizzes and review completed quizzes with the ombudsmen. Administered from FY 2012 through FY 2015.
8. Strive for local and regional ombudsman self-improvement in data entry by continuing to have each local/regional ombudsman self-select an annual goal(s) on a program activity and report on individual progress during the area's annual monitoring visit. Performed from FY 2012 through FY 2015.

Measurements (baseline established in fiscal year 2011)

1. Maintain or increase all technical assistance and training activities in annual NORS report. Increase by 2% in FY 2012. Maintenance from FY 2013 through FY 2015.
2. Within three months of hire, completed NORS quizzes which demonstrate understanding of the data base system, Ombudsmanager. Scores must be higher than 62%. Performed from FY 2012 through FY 2015.
3. Report to agency directors the progress of his or her local ombudsman's self-selected annual goal(s) during monitor exit interviews and in monitor/audit follow-up letters to agency directors and board chairs and record goal progress in Ombudsmanager database use the prior year's count as a baseline. Performed from FY 2012 through FY 2015.

Objective

Expand and Develop the Nebraska Ombudsman Program.

Strategies

1. Provide recruitment materials to local ombudsman programs to assist in volunteer recruitment. Performed from FY 2012 through FY 2015.

Measurements (baseline established in fiscal year 2011)

1. Increase by at least 2% numbers in Program Activities in annual NORS Report. Increase in FY 2012. Maintenance from FY 2013 through FY 2015.
2. Increase by at least 1% in number of volunteers and volunteer hours on NORS Report. Increase in FY 2012. Maintenance from FY 2013 through FY 2015.

Counseling Services Program

Counseling Services provides information and advice for older individuals in regard to public and private insurance, public benefits, lifestyle changes, legal matters and other appropriate matters. Included in Counseling Services are Legal Assistance, Financial Counseling, Volunteer Placement, Case Management, Employment Program, Ombudsman and Mental Health Counseling.

Financial Counseling services include public benefits information and tax assistance. This service is designed to assist an older individual to obtain financial services and benefits.

Volunteer Placement services help older individuals who are seeking volunteer opportunities in an Aging-sponsored volunteer role to be placed in an appropriate situation.

Case Management services help older adults reside in living situations that meet their needs and support independence. Services begin with an assessment to determine needs.

Employment Placement is offered in some areas to assist an older individual (55 and over) to find paid employment.

Mental Health Counseling services provide counseling to an individual by a licensed mental health professional which is intended to address a diagnosed mental health condition.

Choosing Home or In-Community Elder Services (CHOICES) Program

CHOICES consists of three programs that provide case management related services for individuals who are on Medicaid or private pay, in-home, or seeking Medicaid payment for nursing facility care. The three programs that make up CHOICES are Care Management, Senior Care Options and the Aged and Disabled Medicaid Waiver program.

These programs are coordinated to provide continuity for client care as individuals transition through the long-term care continuum of services. CHOICES allow for the individual to be served without disruption or delay as individuals' long-term care needs change. CHOICES focuses on helping older individuals stay independent in their own homes as long as possible by using home and community based services. When in-home options are exhausted, recommendations are made to the client and family as to what steps should be taken for the well-being of the older individual. CHOICES programs are available statewide and are operated through the eight Area Agencies on Aging.

Senior Care Options is a nursing facility preadmission screening program for Medicaid eligible individuals, sixty-five years of age and above, to prevent premature institutionalization. Senior Care Options is required by state law and is funded through Medicaid. The program involves the completion of a state approved evaluation for eligible individuals referred to the program when Medicaid payment is being sought for nursing facility services to determine whether those individuals meet requirements for nursing facility level of care. As a component of the evaluation process, Senior Care Options also provides education to individuals and their families about alternatives to institutionalized care while emphasizing client choice.

Aged and Disabled Medicaid Waiver Program is a comprehensive home and community based services program that utilizes a client-centered services approach for individuals meeting nursing facility level of care. The program includes services coordination and resource development to provide client needs assessment, care planning, provider recruitment and approval, service authorization, and the monitoring of services and service payments for older persons receiving Home and Community Based Services through the Aged and Disabled Waiver. The Aged and Disabled Waiver Program is a Medicaid program.

Care Management assists people who need long-term care to continue to live at home. The service begins with a comprehensive needs assessment of the client. Based on identified needs, care managers and clients develop a care plan and mutually decide on the services needed for implementation. These services help older adults reside in living situations that meet their needs and support independence. In many cases, the services help caregivers effectively carry out, balance and sustain their care giving roles over time.

The Nebraska Care Management Program was created through a legislative mandate in 1987 and established a statewide system of care management units through the Area Agencies on Aging. Care managers assist older persons with functional disabilities, both physical and

mental, and help their families select and obtain a variety of services that allow them to remain in a residence of their choosing.

One of the unique features of the Nebraska Care Management Program is a cost sharing mechanism. Based on the Federal Poverty Guidelines, clients who have incomes between 150% of poverty and 300% of poverty are asked to pay a portion of the cost of the service. Persons who have incomes above 300% of poverty are asked to pay the full fee for services provided. Most of the clients served by the Care Management Program are just above the income eligibility guidelines for Medicaid, so client fees do not account for a great proportion of the program's revenue.

There is maintenance of effort requirement contained in the Care Management Services Act. The act requires the Area Agencies on Aging that used state funds for care management prior to the passage of the act to maintain that level of financial support for care management services. Four of the eight Area Agencies on Aging have met the maintenance of effort requirement. Currently all eight Area Agencies on Aging provide care management services.

Goals, Objectives, Strategies and Measures

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Assist senior Nebraskans in accessing home and community-based services, which can delay entry into nursing homes.

Strategies

1. Provide case management activities through the Care Management Program.
2. The State Unit on Aging will continue to meet with the Area Agencies on Aging in Nebraska to enhance the Care Management Program.
3. Maintain a comprehensive directory of available public and private resources that includes formal and informal community-based services for use in referral activities for the Care Management Program.

Measurements (baseline established in fiscal year 2011)

1. Care Management Program will achieve 85% client satisfaction rate from FY 2012 through FY 2015, using AoA's Performance Outcomes Measure Project client tool.

National Family Caregiver Support Program (NFCSP)

This program focuses on the informal caregiver who is providing necessary care to a family member who is sixty years of age or older and experiences deficits in at least two activities of daily living, and/or has a cognitive impairment that inhibits the client's ability to function independently. Activities of daily living include the accepted criteria for bathing, dressing, toileting, mobility (including transferring), continence, eating and cognitive impairment.

The focus of this program is to provide services that allow the caregiver to continue in his/her role. The caregiver can receive support in the form of information, care management education, training, in-home or institutional respite, personal care, homemaker and chore can be approved if ancillary to provide respite, durable medical equipment if it assists the caregiver, minor home modifications, support groups and home delivered meals. A service can be approved if it allows the caregiver to successfully maintain his/her care giving role.

Another aspect of the National Family Caregiver Support Program is support for grandparents or relative caregivers who are the primary caregivers for a grandchild who is eighteen years of age or younger. The grandparent or relative has to be at least fifty-five years of age or older, live with the child, be the primary caregiver for that child and have a legal or informal relationship.

Goals, Objectives, Strategies and Measures

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Ensure that caregivers throughout the state have access to National Family Caregiver Support Program services.

Strategies

1. The State Unit on Aging will work with the Area Agencies on Aging to determine areas that lack availability of NFCSP services.
2. Develop regular meetings with Area Agencies on Aging to create tools for assessing caregivers, planning for services and follow up with caregivers. Frequency occurring annually each year from FY 2012 through FY 2015.
3. Continue to work with the Nebraska Respite Network and Caregiver Coalition on relevant Family Caregiver issues.

Measurements (baseline established in fiscal year 2011)

1. Seventy percent of the homebound served by Caregiver Support Program will receive at least two other community support services from FY 2012 through FY 2015.
2. Program will achieve 85% client satisfaction with caregiver services from FY 2012 through FY 2015.

Objective

Promote best practices related to the provision of caregiver supports.

Strategies

1. Facilitate the use of comprehensive assessment for caregivers to identify their needs and preferences.
2. Develop a service plan which includes an assessment tool for caregivers to determine if their needs are being met. Complete service plan by March 30, 2012.
3. Develop best practices information and disseminate information regarding caregiver issues on the DHHS website. Complete by September 30, 2012.

Measurements (baseline established in fiscal year 2011)

1. Eighty percent of caregivers assessed indicate needs are being meet. Administered annually from FY 2012 through FY2015.

B. AoA Discretionary Grants

ADRC Overview

ADRC Grant Proposal

In the 2009 funded proposal, Nebraska set the following measurable outcome for the ADRC project: A Nebraskan with special needs and her family and caregivers will: 1) know that help exists; 2) experience the ADRC as a reliable, user-friendly single entry point for the services, programs and assistance which match their needs regardless of age, disability and/or financial status; and 3) access integrated solutions in which all the coordinators, agencies and providers involved collaborate with each other to deliver effective and efficient person directed care. The vision for reaching this outcome was to build a network or partnership among the existing agencies providing service coordination, case management and other assistance to elders and individuals with disabilities and to utilize the existing resource Answers4Families.org as a website and information/referral tool to become a “virtual” ADRC. Answers4Families.org is a program of the University of Nebraska’s Center on Children, Families, and the Law, which has a long-standing partnership with Nebraska’s Department of Health and Human Services.

Year One 10/2009-9/2010

The first year of Nebraska’s ADRC project brought together an Area Agency on Aging and an Independent Living Center in the central part of the state as partners to pilot the ADRC concept along with the State Unit on Aging and Answers4Families. This initial core group worked to define what ADRC was going to mean in Nebraska, and primarily worked to develop a common information and referral form and intake process.

In the last quarter of year one, a full-time ADRC Coordinator was hired. The Coordinator’s priority was recruiting a statewide advisory group for the ADRC effort.

Year Two 10/2010-current

The Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care contracted with the Center on Children Families and the Law to develop an electronic referral system for nursing facilities to use to refer residents under Minimum Data Set (MDS) Section Q, effective October 2010. The electronic referral process and database were developed by the Answers4Families team and accessed via the answers4families.org website. Challenges included slow nursing facility registration to use the electronic process, determining effective strategies to communicate with nursing facility social services staff, achieving a common understanding about what residents need to be referred. Currently, an ADRC priority is to proactively facilitate understanding among the stakeholders in the MDS referral process. This goal is reflected in the State Unit on Aging state plan for the ADRC grant.

Based upon first year experience, the ADRC Planning Team is taking a revised approach to achieving and communicating the ADRC mission. In year one, the vision was to have regional networks, each with its own advisory group and defined geographic coverage area. Additionally, in year one, the ADRC was referred to as a “virtual” ADRC and “physical locations.” This language unwittingly alienated some partners, who understood the ADRC as a new layer/entity which had potential to limit consumer’s ability to connect with real people. In addition, the first year pilot project partners faced challenges.

Year two:

- ADRC Coordinator has identified more effective language, which makes it clear that ADRC is a multi-organization process and effort to streamline access to existing services. At every touch point, ADRC messaging reinforces these points.
- ADRC Coordinator has identified key strategies and goals that are meaningful to AAAs and agencies serving all ADRC target populations. Work and collaboration around these issues can progress using input from a variety of organizations. For example, one strategy is “Market Options Counseling to private pay consumers.” To accomplish this, will line staff whose work most closely resembles options counseling from a wide range of organizations across the state, and will start with common definitions and understanding.

The goals for each key strategy build upon the work already being done, so partners already have a point of reference to understand the goal of the collaboration. These strategies include:

1. Promote “options counseling” to consumers as a recognizable service and provide it through coordinated “no wrong door” network of community agencies.
2. Streamline access to public funds, ACCESS Nebraska and ADRC partner collaboration, and education for ADRC partners.
3. Facilitate care transitions from nursing facilities and hospitals to the community, through: a. MDS referral process collaboration and b. through partnership with CIMRO Quality Healthcare Solutions Independent Peer Review, hospitals and community agencies.
4. Enhance access to ADRC partner services through the Answers4Families website and the Nebraska Resource and Referral System (NRRS) (focus on respite and caregiver resources, interactive features of website, electronic self-referral, and redesign of site to make more user friendly).

For more information, see the ADRC Five-Year Statewide Plan in Appendix (Q).

Lifespan Respite

The Nebraska Lifespan Respite Care Act was created by legislation in 1999 and implemented by Nebraska Department of Health & Human Services (DHHS). The Lifespan Respite Care Act established the Nebraska Lifespan Respite Services Program, which consists of the Lifespan Respite Network and the Lifespan Respite Subsidy Program. The purpose of the Lifespan Respite Network is to establish a statewide system for the coordination of respite resources that serve the lifespan. DHHS has contracts with six local entities to provide respite care, one in each region of the state. The Lifespan Respite Network is responsible for Information and referrals for families needing access to respite, recruitment of respite providers, marketing activities to increase the public's awareness of respite, coordinating training opportunities for providers and consumers, and quality assurance and program evaluation. The Lifespan Respite Subsidy is available to persons of all ages across the lifespan with special needs not receiving respite services from any other government program.

In 2010, The Nebraska Department of Health and Human Services (DHHS) Lifespan Respite Program was awarded a 36-month \$178,322 grant from Administration on Aging.

Goals, Objectives, Strategies and Measures

Goal

Empower older people, their families and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term options.

Objective

Improving access to Nebraska's Lifespan Respite Program.

Strategies

1. Improve access to respite program information, respite provider information and respite services by integrating Nebraska Lifespan Respite computer functionality with ADRC, Answers4Families data base.
2. Provide training and education to caregivers, first responders, regional advisory committees and other identified partners as requested, anticipated to occur on an annual basis.
3. Expand awareness of respite services and promote caregiver crisis planning tool.

Measurements (baseline established in fiscal year 2011)

1. Increase the number of families, caregivers, clients and professionals served by 2% annually each year from FY 2012 through FY 2015.
2. Increase the number of emergency respite providers by 2% for FY 2012. Maintain number from FY 2013 through FY 2015.
3. Increase the number of family caregivers utilizing peer support resources by 1% annually each year from FY 2012 through FY 2015.
4. Increase the number of individuals trained by 2% for FY 2012. Maintain number from FY 2013 through FY 2015.

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Delay institutionalization in high risk individuals.

Strategies

1. Increase the availability of respite services to caregivers who are unable to procure these services through other avenues.
2. Improve the coordination and dissemination of service delivery between the various agencies and organizations providing respite services.
3. Client satisfaction surveys.

Measurements (baseline established in fiscal year 2011)

1. 90% of clients receiving respite services rate services good to excellent annually each year from FY 2012 through FY 2015.
2. Increase the number of people served as a result of Lifespan Respite Program by 1% annually each year from FY 2012 through FY 2015.

C. Consumer Control and Choice

The State of Nebraska is committed to providing older adults with control and choice regarding long-term care services and support options. Within Nebraska, several initiatives are underway which will allow for the strengthened consumer control and choice.

Money Follows the Person

Nebraska's Money Follow the Person (MFP) Demonstration Grant was approved in June 2008 to help Medicaid-enrolled individuals, who are residing in nursing homes or Intermediate Care Facilities for Persons with Mental Retardation (ICF/MF), transition to independent living in community-based settings. MFP has transitioned 106 individuals from institutional settings to community-based settings. MFP has provided outreach and education to 916 nursing facility residents and reached over 3,780 family/friends, nursing facility staff and community organizations. There is a seventeen member MFP Advisory Panel that meets bi-monthly to discuss and problem solve barriers to transitions.

OAA Services Purchased as Client Directed Services and through Vouchers

Several Area Agencies in Nebraska are piloting a model which presents in-home OAA services to be offered through consumer directed services and voucher programs. Using a mutually agreed upon and authorized care plan, consumers are allowed to determine such things as the provider of the service, scheduling and budget control.

Expanding Services to Include Cost-Sharing

Currently the state funded Care Management program offered through the AAAs uses a sliding fee scale model for the clients they service. Exploration is presently underway to identify other services which might be able to be enhanced through cost-sharing and/or fee service arrangements. While some services must remain exempt from cost-sharing (e.g., information and assistance; elder abuse prevention/ outreach and ombudsman), the value of allowing other services the opportunity to examine this new potential funding stream is significant. With the ability to secure more discretionary money, more financial stability can be obtained through the aging network.

Veteran Directed Home and Community Based Service Program (VDHS)

The Aging Network in Nebraska, collectively represented by the Nebraska Association of Area Agencies on Aging (N4A), is actively engaged in working with the Administration on Aging and local VA Medical Center partners, in the foundational building process for implementing a Veteran Directed Home Services (VDHS) model in Nebraska. The VDHS will provide Veterans the opportunity to receive home and community-based services to enable them to continue to live in their homes and communities.

The goal of the VDHS is to provide increased flexibility and access to home and community-based services that enable a Veteran to remain in the community. This program will offer a Veteran access to an assessment that will identify his or her needs and preferences. An

individual budget and spending plan will be developed based on the Veteran's assessed needs and preferences and include goods and service that would best meet the identified needs.

Goals, Objectives, Strategies and Measures

Goal

Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Improve consumer choice for Nebraska seniors and their families.

Strategies

1. Continue to explore ways private funds and cost-sharing opportunities might work for selected OAA programs and services.
2. By September 30, 2012, complete the development of standards and guidelines which pertain to the fee-for-service infrastructure.
3. Expand the voucher program to all AAAs in Nebraska.
4. Augment the number of services in which vouchers can be used.
5. Actively encourage movement from the AAAs into Veterans Community Living Program.

Measurement (baseline to be established in fiscal year 2012)

1. Increase the clients being served through Cash and Counseling by 2% annually each year from FY 2013 through FY 2015.
2. Increased the number of services which offer cost-sharing opportunities by 1% annually each year from FY 2013 through FY 2015.
3. By FY 2014, increase the number of private pay clients by 2%.
4. Increase the number of cost-sharing clients annually by 2% from FY 2013 through FY 2015.

Objective

Expand collaborations with aging service, health care, faith-based and other strategic partners to identify high-risk older adults and family caregivers.

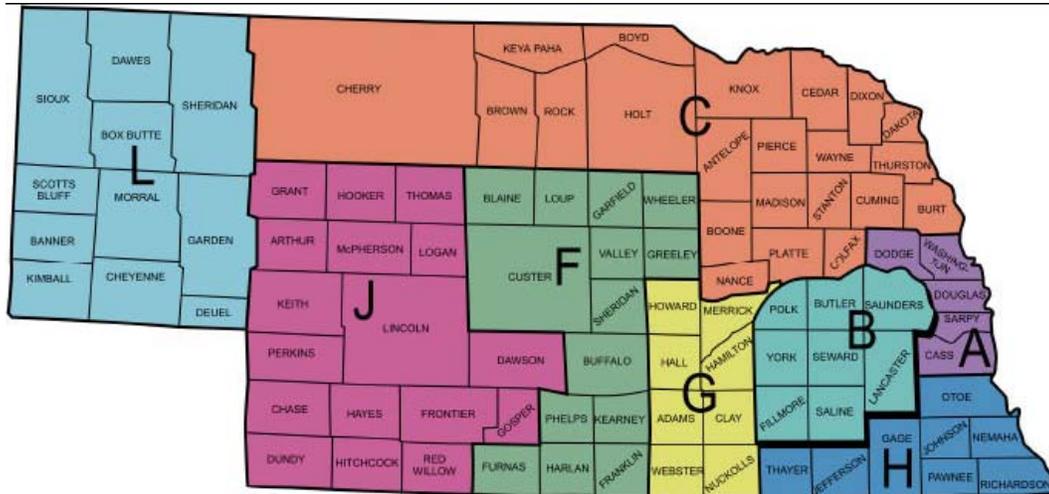
Strategies

1. Enhance the capacity of Answers4Families web link to include a self-assessment tool to determine needed services and available options.

Measurement (baseline to be established in fiscal year 2012)

1. Number of clients using Anser4Family self assessment tool increases annually by 2% from FY 2013 through FY 2015.

Nebraska Area Agencies on Aging



A. Eastern Nebraska Office on Aging

Dennis Loose, Interim Director
 4223 Center Street
 Omaha, NE 68105
 402-444-6444

2727 W. 2nd, Suite 440
 Hastings, NE 68901
 402-463-4565

B. Aging Partners Area Agency on Aging

June Pederson, Director
 1005 O Street
 Lincoln, NE 68508
 402-441-7022

H. Blue Rivers Area Agency on Aging

Larry Ossowski, Director
 1901 Court Street
 Beatrice, NE 68310
 402-223-1352

C. Northeast Nebraska Area Agency on Aging

Connie Cooper, Director
 119 Norfolk Avenue
 Norfolk, NE 68702
 402-370-3454

J. West Central Nebraska Area Agency on Aging

Linda Foreman, Director
 115 N. Vine Street
 North Platte, NE 69101
 308-535-8195

F. South Central Nebraska Area Agency on Aging

Rod Horsley, Director
 4623 2nd Avenue, Suite 4
 Kearney, NE 68847
 308-234-1851

L. Aging Office of Western Nebraska

Victor Walker, Director
 1517 Broadway, Suite 122
 Scottsbluff, NE 69361
 308-635-0851

G. Midland Area Agency on Aging

Dianne Fowler, Director

Appendix B: State Plan Assurances, Required Activities, and Information Requirements

FY 2012 State Plan Guidance Attachment A STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS Older

Americans Act, As Amended in 2006 *By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.*

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b) (5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the

area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.**

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services); (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I); (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will— (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and (4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which

such plan is prepared, each area agency on aging shall-- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area; (II) describe the methods used to satisfy the service needs of such minority older individuals; and (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities; (V) older individuals with limited English proficiency; (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and (4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this

title. (11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is

not carried out to implement this title. (15) provide assurances that funds received under this title will be used- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act; (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. (10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for-- (A) public education to identify and prevent abuse of older individuals; (B) receipt of reports of abuse of older individuals; (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. (14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of

the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency. (15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area— (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. (16) The plan shall provide assurances that the State agency will require outreach efforts that will— (A) identify individuals eligible for assistance under this Act, with special emphasis on— (i) older individuals residing in rural areas; (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities; (v) older individuals with limited English-speaking ability; and (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently; (B) are patients in hospitals and are at risk of prolonged institutionalization; or (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. (19) The plan shall include the assurances and description required by section 705(a). (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. (21) The plan shall (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. (22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). (23) The plan shall provide assurances that demonstrable efforts will be made (A) to coordinate services provided under this Act with other State services that benefit older individuals; and (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs. (24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title. (26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. (27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter. (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle. (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter. (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5). (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3— (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--(i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate; (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except(i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order --

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) The State plan is based on such area plans. .

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency: (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State; (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need; (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year. (5) The State agency: (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services; (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316. (6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports. (8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency-(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services; (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging. -

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will: (C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*) (B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000. (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services. (C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21) The plan shall: (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities. **Section 307(a)(28)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (B) Such assessment may include— (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services. **Section 307(a)(29)** The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery. **Section 307(a)(30)** The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan. **Section 705(a)(7)** In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307: (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (*Note: Paragraphs (1) of through (6) of this section*

are listed below) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter; (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle; (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights; (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter; (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5); (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for: (i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement or public protective service agencies if appropriate; (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except (i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Signature and Title of Authorized Official

Date

Appendix C: Department of Health and Human Services Organizational Chart

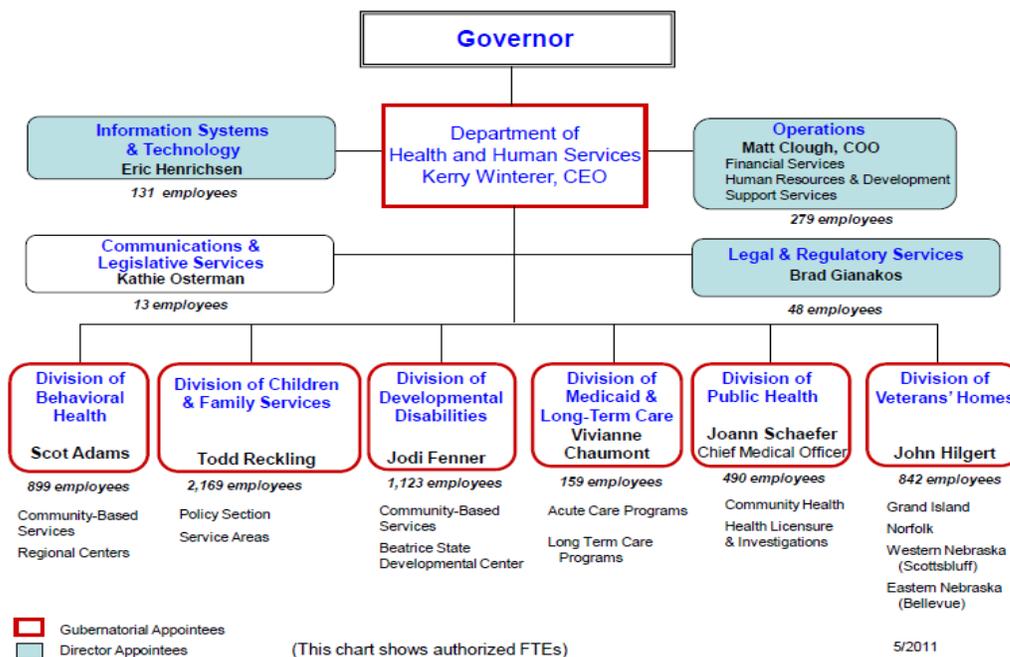
On March 15, 2007, Governor Dave Heineman signed into law Legislative Bill 296, which merged the three agencies of the Health and Human Services System into one Department of Health and Human Services. The change became effective July 1, 2007.

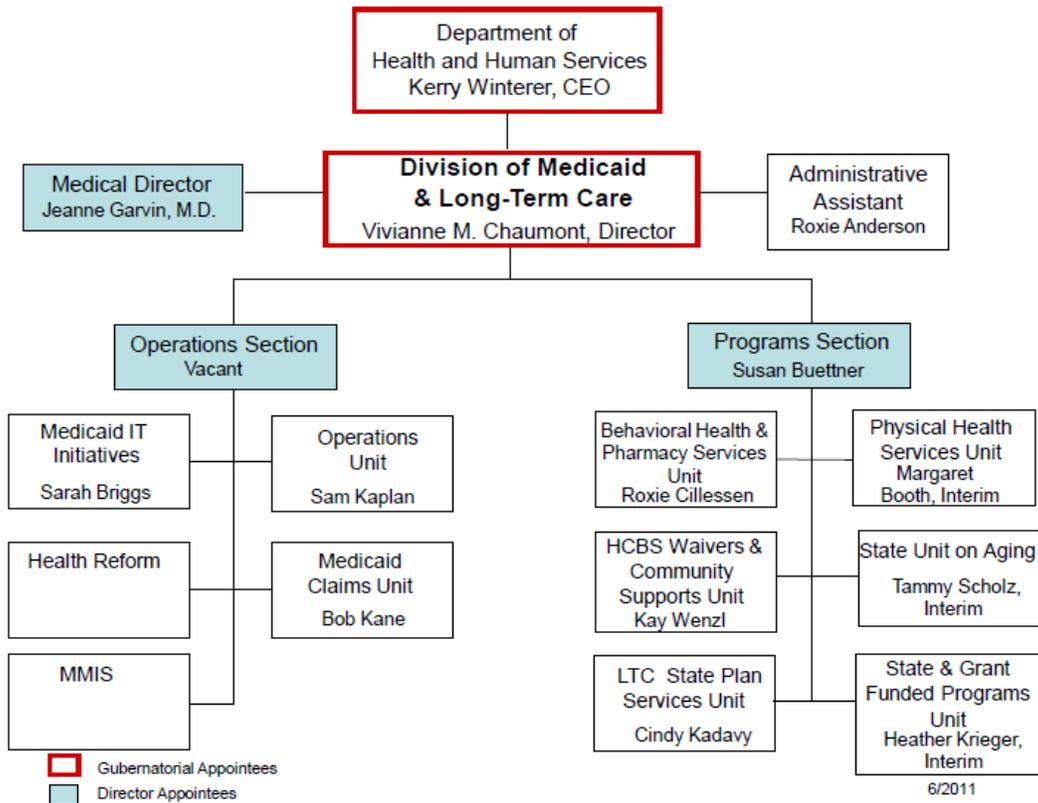
The [organizational structure](#) of the Department of Health and Human Services includes a Chief Executive Officer who is appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature.

The department has six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health and Veterans' Homes.

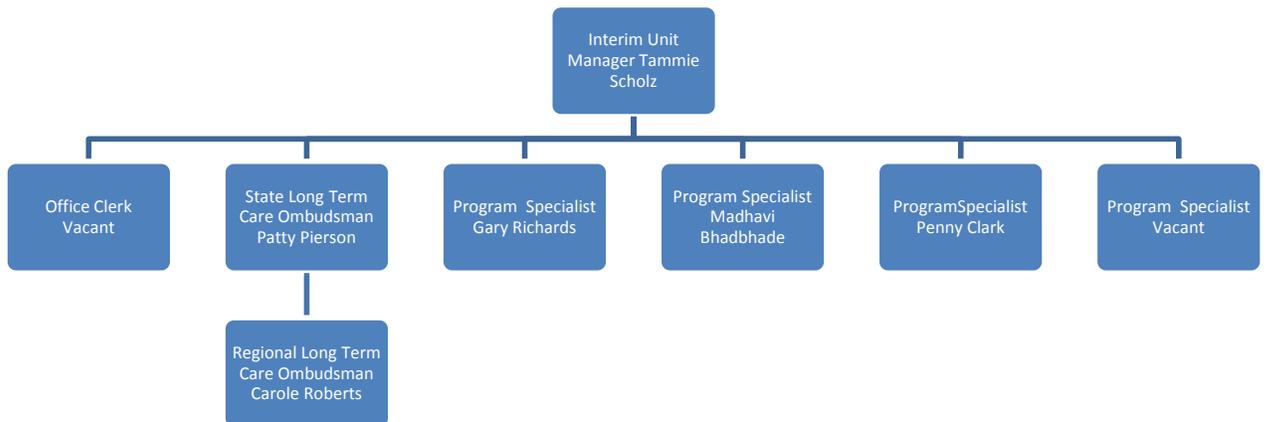
The directors of the divisions are also appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature. The division directors report to the CEO.

The Nebraska State Unit on Aging falls under the Division of Medicaid and Long-Term Care.





Appendix D: State Unit on Aging Organizational Chart



Appendix E: Nebraska Governor's Advisory Committee on Aging

<u>Member/Address</u>	<u>Telephone/Email</u>	<u>Term</u>
<u>Expires</u>		
<i>At Large</i>		
Maralee Udell 227 G Street Burwell, NE 68823	(308) 730-1645 kmudell@nctc.net	March 2012
Jacqueline Kuxhausen 1105 19 th , Box 475 Gothenburg, NE 69138	(308) 537-2402 jackie.k1942@hotmail.com	March 2012
VACANT		
Doyle Howitt 1407 West 38 th Kearney, NE 68845	(308) 236-5172 howittd@unk.edu	March 2012
<i>Planning & Service Area A</i>		
Eastern Nebraska Office on Aging		
VACANT		
<i>Planning & Service Area B</i>		
Lincoln Area Agency on Aging		
Kathy Stokebrand 202 N. Orange Street DeWitt, NE 68341	(402) 683-5625 (H) (402) 223-2366 (W) hs51701@windstream.net	March 2012
<i>Planning & Service Area C</i>		
Northeast Nebraska Area Agency on Aging		
Rod Hughes 2514 Westside Avenue Norfolk, NE 68701	(402) 640-7912/640-7914 cathy.schneider@dhhs.ne.gov	March 2012

Planning & Service Area F

South Central Nebraska Area Agency on Aging

Rodale Emken 1916 Tilden Drive Holdrege, NE 68949	(308) 995-6332 (H) (308) 991-6536 (C) rremken@msn.com	March 2012
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Planning & Service Area G

Midland Area Agency on Aging

Clare Schmidt 2605 South Stuhr Road Grand Island, NE 68801	(308) 381-6670 (H) (308) 385-5429 (W) clarlene@kdsi.net	March 2012
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Planning & Service Area H

Blue Rivers Area Agency on Aging

Armin Daubendiek 2019 E Street Fairbury, NE 68352	(402) 729-2766 (402) 550-0665 ad74908@windstream.net	March 2012
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Planning & Service Area J

West Central Nebraska Area Agency on Aging

Kenneth Niedan P.O. Box 459 Hershey, NE 69143	(308) 368-5614 (308) 368-5555 (W) kniedan@hersheystatebank.com	March 2012
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Planning & Service Area L

Aging Office of Western Nebraska

Judith Leafdale 410 State Street, Box 45 Harrisburg, NE 69345	(308) 436-7228 (H) leafdale@actcom.net	March 2012
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Appendix F: Older Americans Act Projected Funding Plan FFY 2011

Financing the Services

Nebraska is not submitting any changes to its intrastate funding formula previously approved. We are including a copy of our current allocation plan for the Area Agencies on Aging. The Federal funding for Nebraska has basically remained flat for several years. We are not anticipating the funding will be different for the next four years. However, the plan will be amended if significant changes are made regarding the funds Nebraska receives.

Area Agencies on Aging are required to budget a minimum 15% of their Title III B dollars for Access Services as well as 15% for In-Home Services. The requirement for Legal Services under this title is 2%. The area agencies are monitored to ensure that the amounts budgeted are actually expended for these mandatory programs.

Intrastate Funding Formula

The State Unit on Aging grants State & Federal funds to the Area Agencies on Aging to support local programs and services. The State Unit on Aging administers Title III, Title VII Older Americans Act Funds, as well as funds from the Nebraska Community Aging Services Act and Care Management Funds.

Funding is allocated to the Area Agencies on Aging through an Intrastate Funding Formula that is developed in accordance with guidelines issued by the United States Assistant Secretary for Aging for the Administration on Aging. The funding formula cannot be changed without a public hearing and input from the Area Agencies on Aging.

Formula is weighted to emphasize low-income persons 60 years and older, elderly 75+, and elderly minorities 60+.

Each Area Agency on Aging receives a base that is 1/8 of the first \$2,104,440. The balance up to \$4,975,038 is weighted as follows:

60+ population = 60%

60+ poverty = 20%

60+ minority = 20%

Total funds that exceed \$4,975,038 are weighted as follows:

60+ population = 50%

75+ population = 25%

60+ poverty = 25%

CASA funds are distributed on 75+ populations in each Planning Service Area.

The Aging Network in Nebraska provides services to 60+ minority and poverty persons at levels greater than their proportion in the total populations. This indicates that the current Intrastate Funding Formula distributes funds in an equitable manner.

Different sources of Funding under Title III of the Older Americans Act include:

- Title III-B-Supportive Services
- Minimum of 15% of all allocation must be used for Access Services.
- Minimum of 15% of allocation must be used for In-Home Services.
- Minimum of 2% of allocation must be used for Legal Services.
- Title III-C-1-Congregate Meal Programs
- Title III-C-2-Home Delivered Meal Programs
- Title III-D-Preventative Health
- Title III-E-Family Caregivers Support
- Title VII- Ombudsman & Elder Abuse

Intrastate Funding Formula Numerical Statement

The State Unit on Aging distributes State Community Aging Services Act (CASA) and Federal Administration on Aging (AoA), and Title III funds using the following formula:

Note: Except for the “base” computation (Part A-1), all percentages are applied to each area agency’s Planning and Service Area population category which bears the same ratio to that total categorical population of the state.

Part A

Title III-B, III-C(1), III-C(2), III-D, III-E, Federal Funds and State match.

A-1. Initial allocation of Title III-B up to \$1,921,424; Title III-C(1) up to \$2,414,224; Title III-C(2) up to \$473,650; Title III-D up to \$37,190; and Title III-E \$128,550. (Total \$4,975,038)

Base	42.30%
60+ Population	34.62%
60+ Poverty	11.54%
60+ Minority	11.54%

A-2. Additional Allocation above \$4,975,038.

60+ Population	50.00%
75+ Population	25.00%
60+ Poverty	25.00%

Part B

The Nebraska Community Aging Services Act (CASA) non-discretionary State Funds.

B-1. Initial allocation of CASA at \$494,295:

BRAAA	\$ 44,515
ENOA	\$ 76,865
LAAA	\$ 58,644
MAAA	\$ 64,563

SCNAAA	\$ 24,825
AOWN	\$ 36,131
NENAAA	\$114,873
WCNAAA	\$ 73,879

B-2. Additional allocation of CASA above \$494,295:

60+ Population	50.00%
75+ Population	25.00%
60+ Poverty	25.00%

Note:

1. Any Area Agency on Aging (AAA) may request carryover generated under Part "A" which does not exceed 10% of Part "A" funds allocated by formula to that AAA. The State Unit on Aging will recapture all non-obligated funds annually and award the requested (10%) funds under the following years approved plan.
2. Any carryover which exceeds 10% of Part "A" for that AAA will be recaptured by the State Unit on Aging and distributed at its discretion.

Note: Each fiscal year, the State Unit on Aging spends an amount equal to not less than 105% of the amount expended for such services (including amounts expended under Title V and Title VII) in fiscal year 1978 to provide services to older individuals who reside in Nebraska's rural areas.

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES-DIVISION OF MEDICAID
& LONG-TERM CARE-STATE UNIT ON AGING

RESERVATION TABLE AND PRIORITY SERVICE
MINIMUMS

SUA-2011-PI-11

FOR THE YEAR ENDING JUNE 30, 2012

February 4, 2011

AREA AGENCY	III-B	III-C(1)	III-C(2)	III-D	III-E	CASA	RESERVATION		BASE
							TABLE	CARE MANAGEMENT	
BLUE RIVERS	\$185,733	\$245,056	\$97,614	\$12,935	\$76,999	\$370,277	\$988,614	\$141,288	\$0
EASTERN	595,144	800,516	362,773	42,153	306,272	1,386,223	\$3,493,081	576,261	28,645
LINCOLN AREA	318,719	430,663	200,685	22,665	171,651	855,844	\$2,000,227	317,852	19,000
MIDLAND	209,178	277,248	114,055	14,626	91,625	435,496	\$1,142,228	160,890	0
SOUTH CENTRAL	191,165	252,457	101,239	13,324	80,167	368,804	\$1,007,156	144,649	40,000
WESTERN (AOWN)	199,406	261,555	99,768	13,816	76,673	330,304	\$981,522	162,992	0
NORTHEAST	300,403	406,841	192,188	21,405	165,404	779,264	\$1,865,505	295,054	33,271
WEST CENTRAL	202,252	266,664	105,678	14,076	83,109	361,440	\$1,033,219	132,481	0
TOTAL	\$2,202,000	\$2,941,000	\$1,274,000	\$155,000	\$1,051,900	\$4,887,652	\$12,511,552	\$1,931,467	\$120,916
PRIORITY SERVICE MINIMUMS	ACCESS 15%	IN-HOME 15%	LEGAL 2%						
BLUE RIVERS	27,860	27,860	3,715						
EASTERN	89,272	89,272	11,903		NOTES				
LINCOLN AREA	47,808	47,808	6,374						
SOUTH CENTRAL	28,675	28,675	3,823						
WESTERN (AOWN)	29,911	29,911	3,988						
NORTHEAST	45,060	45,060	6,008						
WEST CENTRAL	30,338	30,338	4,045						

CASA & Care Management prepared using Title III
prepared using 2000 Census

Appendix G: Emergency Preparedness

Emergency Preparedness Plan

Information obtained from the State of Nebraska Emergency Operations Plan

The primary responsibility for the safety and welfare of the residents of the State of Nebraska and its political subdivisions rests with the respective governments. To fulfill this responsibility, various government entities must individually – and where possible, jointly – implement procedures to insure that proper emergency actions are taken in a timely manner to provide support and assistance to the population affected.

It is the policy of the State of Nebraska to initially respond to the effects of a disaster with local and state resources, quasi-public resources and those available from the Federal government without the declaration of a Major Disaster.

Local governments are responsible for emergency planning to ensure that the best possible use is made of all existing resources for disaster response and recovery efforts. In order to ascertain whether planning has been adequate, local government will have a jurisdiction-wide, progressive and comprehensive training and exercise program covering direction and control coordination and functional areas. The evaluation process will determine the need; assign the responsibility and timeline for changes to local emergency plans.

When a disaster occurs, local government must take immediate and effective actions to alleviate suffering and protect life and property. It is the responsibility of local government to develop capabilities that will provide for emergency operations during disasters. Local government is responsible for the development of an organization with a well-trained emergency staff and for providing relief and recovery assistance to the limits of their capability.

The Nebraska Emergency Management Act of 1996 as amended outlines the organization of State government with respect to preparing for and operating under disaster conditions.

The Governor holds the supreme executive power in the State and has the responsibility to meet the dangers to the State and its people caused by disasters. In the event of a disaster beyond local control, the Governor may assume direct operational control and may issue proclamations and make, amend and rescind orders, rules and regulations to carry out the Nebraska Emergency Management Act. State agency heads will be directed by the Governor to utilize facilities of the State to the maximum extent practicable.

Various agencies within State government have Emergency Support Functions (ESF's) in addition to normal responsibilities. State agencies may be requested or required to be involved in disaster related activities. State statutes mandate specific agencies to perform an active role in emergency response or support. The responsibility to develop and maintain necessary procedures to meet emergency responsibilities rests with each agency.

As part of the Nebraska Department of Health & Human Services, the State Unit on Aging Administrator's task assignments include, but are not limited to the following.

- Collect facts and make studies of conditions and problems pertaining to the general welfare of the elderly in the state.
- Serve as central agency and advisory department for information on the elderly between federal, state, local government agencies and private organizations.
- Coordinate and cooperate with government agencies of all levels in administering and supervising programs and services designed for the elderly.
- Evaluate the effects of disaster on the elderly and make reports and recommendations to the Governor on activities needed to promote the general welfare of the aging.

A primary responsibility at all levels of government is to insure that all possible measures are taken to protect the citizens in the advent of potential or actual disaster. In addition to normal emergency services, there are two major areas for government action.

1. Warning and Emergency Public Information: Warning the public is accomplished through a combination of methods depending on the specific situation. Methods include sirens (outdoor warning), radio, television, and the cable television system utilizing multilingual personnel where necessary. Media based warnings may include the nature and duration of the threat and may provide information or advice on the proper actions to take.
2. Evacuation: When time permits or when continued presence in the vicinity of a hazard effect poses a threat to the life and safety of the citizens affected, an evacuation may be ordered.

Each department, agency or organization with responsibilities under the Plan, are also responsible for insuring that its personnel are adequately trained and capable of carrying out their required tasks. This includes staff of the State Unit on Aging and the Area Agencies on Aging.

Each agency will assess training needs and insure that formal emergency management training programs are made available to personnel involved in disaster response.

Training and exercises will be consistent with the State's and agencies five year Homeland Security Exercise Plan.

As part of the Nebraska Health & Human Services System, the State Unit on Aging falls under the Nebraska Pandemic Influenza Prevention and Control Guidelines, a copy of this plan is included in this document as Appendix D. The State Unit on Aging Administrator will continue to include staff as part of the Bioterrorism Preparedness and Response Planning Team.

Each Area Agency on Aging shall have on file and submit a copy to the State Unit on Aging, a current plan for the services to the elder during disasters, including, but not limited to, tornado (high winds), chemical, nuclear, flood and blizzards. As part of the plan for services to the elderly during disasters, a copy of the Pandemic Flu Plan, showing how each Area Agency on Aging will recognize the different disaster response strategies to an infectious disease occurrence vs. a response to a natural disaster. Importance will be shown to ensure that the Pandemic Flu Plan addresses issues such as communication, assessment, surveillance, staff training and the coordination of resources. The plan shall show the coordination with Civil Defense and Red Cross and its pyramid alert system, including notification of the disaster coordinator.

Appendix H: Taxonomy

Taxonomy

Revised 10/01/10

NEBRASKA AGING SERVICE DEFINITIONS AND UNITS OF SERVICE

The unit for the service immediately follows the name of the service. When the unit is less than an hour, the State Unit on Aging requests that area agencies measure in quarter hour increments (every 15 minutes). If an Area Agency on Aging decides not to use quarter hour increments, they must use the current unit of service hourly measurement of; less than 30 minutes is 0 hours and more than 30 minutes 1 hour.

CLUSTER 1 – REGISTERED SERVICES:

1. PERSONAL CARE (1 HOUR) – Personal assistance, stand-by assistance, supervision or cues for a person with an ADL impairment. *This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up, is reported under I&A.*

Activities of Daily Living (ADL) are eating, dressing, bathing, toileting, and transferring in and out of bed; Personal assistance would be to actually assist someone with an ADL; Stand-by assistance would mean standing next to someone ready to help while someone is doing an ADL; Supervision would mean to provide instruction and assistance as needed while someone is doing an ADL; Cues would mean to give a prompt or reminder about doing or how to do the ADL; This service is not respite; This service is not adult day care; This service does not include administering medication or medical treatments.

2. HOMEMAKER (1 HOUR) – Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework for a person with an IADL impairment.

This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up, is reported under I&A.

Instrumental Activities of Daily Living (IADL) are preparing meals, shopping for personal items, using the telephone, doing light housework. The activity of managing money is limited to what is necessary to shop for personal items or prepare meals. Light housework would most often be

“inside” work and includes things like dusting, vacuuming, general pick-up, making beds, clearing counter and dish washing, cleaning bathroom, the basic routing cleaning.

3. CHORE (1 HOUR) – Assistance such as heavy housework, yard work or sidewalk maintenance for a person with an IADL impairment.

This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up is reported under I&A. Instrumental Activities of Daily Living (IADL) are heavy housework, yard work, or sidewalk maintenance. Heavy housework would be things like cleaning when the furniture is moved, “spring cleaning” needed because client has not been able to maintain routine cleaning, and washing windows. Chore is typically work that involves something “outside”. Things like carrying out garbage or doing yard work like mowing, trimming, etc. Includes sidewalk maintenance like snow removal, repairing cracks, etc. Chore also includes minor repairs and maintenance like painting, minor plumbing, banister placement, changing furnace filters, etc. Services that do not require a trained service specialist.

4. HOME DELIVERED MEALS (1 MEAL) – A meal provided to a qualified individual in is/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. As noted in Section IIA, meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure. Certain Title III E funded home delivered meals may also be included; see the definition of NSIP meals below.

A NSIP Home-Delivered meal is a Nutrition Services Incentive Program (NSIP) Meal served in compliance with all the requirements of the Older Americans Act, which means at a minimum that:

- 1) It has been served to a participant who is eligible under the Older Americans Act and has not been means-tested for participation.
- 2) It is compliant with the nutrition requirements.
- 3) It is served by an eligible agency.
- 4) It is served to an individual who has an opportunity to contribute.

Meal counts include all Older Americans Act eligible meals including those served to persons under age 60 where authorized by the Older Americans Act. NSIP meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver

Support Program (Title III E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.

5. ADULT DAY CARE/ADULT DAY HEALTH (1 HOUR) – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.

Key part of definition is that this is a supervised group setting.

6. CASE MANAGEMENT (1 HOUR) – Assistance in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

To be considered Case Management there must be a comprehensive assessment document completed.

End of CLUSTER 1

CLUSTER 2 – PERSONS SERVED, UNITS OF SERVICE

7. CONGREGATE MEALS (1 MEAL) – A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals.

A NSIP Congregate meal is a Nutrition Services Incentive Program (NSIP) Meal served in compliance with all the requirements of the Older Americans Act, which means at a minimum:

- 1) It has been served to a participant who is eligible under the Older Americans Act and has not been means-tested for participation.
- 2) It is compliant with the nutrition requirements.
- 3) It is served by an eligible agency.
- 4) It is served to an individual who has an opportunity to contribute.

Meal counts include all Older Americans Act eligible meals including those served to persons under age 60 where authorized by the Older Americans Act.

8. NUTRITION COUNSELING (1 SESSION PER PARTICIPANT) – Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

Key is “individualized”.

Health Professional by Nebraska law and policy is a Registered Dietitian or licensed Medical Nutrition Therapist (effective September, 1996 with a grandfather clause) by the American Dietitian Association (ADA) or State of Nebraska.

9. ASSISTED TRANSPORTATION (1 ONEWAY TRIP) – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up, is reported under I&A. Assistance is needed by the person, not just providing the transportation. Remember that each one-way trip is counted as a unit of service.

End of CLUSTER 2

CLUSTER 3 – UNITS OF SERVICE

10. TRANSPORTATION (1 ONE-WAY TRIP) – Transportation from one location to another does not include any other activity.

This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up, is reported under I&A. Remember that each one-way trip is counted as a unit of service.

11. LEGAL ASSISTANCE (1 HOUR) – Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Must be reported under Group Services in NAMIS II. Must be an individual, one-on-one contact between a service provider and an elderly client.

12. NUTRITION EDUCATION (1 SESSION PER PARTICIPANT) – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it

relates to nutrition) information and instruction to participants and care givers in a group or individual setting overseen by a dietitian or individual with comparable expertise.

13. INFORMATION AND ASSISTANCE (1 CONTACT) – A service that:

- a. Provides individuals with information on services available within the communities, this would include any SHIP and Medicare Part D activities;
- b. Links individuals to the services and opportunities that are available within the communities;
- c. To the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site “hits” are to be counted only if information is requested and supplied.

Note that this service specifies adequate follow-up procedures. These could include that following instructions from a client for “no follow-up” is deemed adequate follow-up by the agency. Must be an individual, one-on-one contact between a service provider and an elderly client. Do not count an activity that involves a contact with several elderly clients or potential clients (group services). (AoA-PI-96-01)

14. OUTREACH (1 CONTACT) – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. NOTE: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category.

Must be an individual, one-on-one contact between a service provider and an elderly client. Do not count an activity that involves a contact with several elderly clients or potential clients (group services). (AoA-PI-96-01) Circulation of a publication is not outreach.

15. HEALTH EDUCATION (1 CONTACT) – Any other related education that does not fall under “Nutrition Education” or “Education/Training”. Also includes mental health.

These are not individual sessions (must be group setting). Will include legal presentations at senior centers.

19. HEALTH CLINIC (1 CONTACT) - Services provided by licensed health care professionals that are designed to identify, prevent or treat a physical or mental health problem. Service must include individualized health intervention provided by a health professional (example: blood pressure, hearing screening, etc.).

This is non-home setting and individualized. This would include health fairs if individualized services were provided by a licensed health care professional. Includes mental health diagnosis or screening.

20. MEDICATION MANAGEMENT (1 CONTACT) – May include medication management, screening and education. It may consist of reviewing an individual’s medications to assess interactions and/or the setup of medications by a pharmacist or a nurse that results in assisting a person to remain at home.

21. HEALTH PROMOTION/DISEASE PREVENTION (1 CONTACT) – Evidence based health promotion program, lead by trained instructor, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.

Prior to counting these efforts, programs must be preapproved by the SUA.

24. CASH AND COUNSELING (1 PLACEMENT) – This covers the range of services provided or paid for through allowance, vouchers, or cash which provided to the client so that the client can obtain the supportive services which are needed. Note that the definition does not require reporting of service units, but does require reporting of the unduplicated number of persons served.

End of CLUSTER 3

CLUSTER 4 - OTHER SERVICES PROFILE

For each service listed in this CLUSTER there must be a service purpose/mission identified from a list of six possibilities:

- a. Services which address functional limitations;
- b. Services which maintain health;
- c. Services which protect elder rights;
- d. Services which promote socialization/participation;
- e. Services which assure access and coordination;
- f. Services which support other goals and purposes.

16. EMERGENCY RESPONSE SYSTEM (CLIENTMONTH) – Direct action to make available emergency response system for persons who are frail or at risk of loss of independence and who can benefit from the security provided by such a system. System must be formal emergency response system (example; lifelines).

Formal Emergency Response System. Must be “electronic notification system.” Client count is per month - this service would be a duplicate count from month to month.

Purpose/Mission: B - Services which maintain health.

17. EMPLOYMENT PLACEMENT (1 PLACEMENT) – Placement of an older individual (55 and older) who is seeking paid employment in a job.

Purpose/Mission: F - Services which support other goals/outcomes.

18. FINANCIAL COUNSELING (1 CONTACT) – Provision of information and presentation of options on a one-to-one basis designed to assist an older individual to obtain financial services and benefits. Service includes public benefits counseling and tax assistance counseling.

One-to-one is the key. One contact may be one person contacted several times to resolve an issue.

Purpose/Mission: E - Services which assure access and coordination.

22. DURABLE MEDICAL EQUIPMENT (1 CONTACT) – The provision of goods to an individual at no cost or at a reduced cost which will directly support the health and independence of the individual with an assessed need.

Goods are adaptive devices or assistive technology to be used by an individual. One contact is a delivery of “goods” (as previously defined).

Purpose/Mission: A - Services which address functional limitations.

23. MENTAL HEALTH COUNSELING (1 CONTACT) – Counseling provided to an individual by a licensed mental health professional, which is intended to address a diagnosed mental health condition.

Purpose/Mission: B - Services which maintain health.

25. RESERVED

26. RESPITE-HOME (1 HOUR) – Respite care services offer temporary, substitute supports for older persons in their home or in the home of a primary caregiver in order to provide a brief period of relief or rest for family members or other caregivers.

This service is reported only if it is paid with AAA funds or is provided by volunteers utilized by Contractors paid with AAA funds. Brokering, situations in which a client is referred to a provider and the Center Director/Staff or Contractor/Staff and only provides follow-up is reported under I&A. Respite care as defined here is a service that provides supervision on a temporary basis to

relieve caregiver from that role on a temporary basis. It does not involve the provision of personal care or home health care. If services provided are personal care, home health aide or another appropriate service then assign the service to that category. If none of the other service definitions are appropriate and care is provided in the home this is the appropriate category.

Purpose/Mission: B - Services which maintain health.

27. RESERVED

28. RESERVED

29. VOLUNTEERISM (1 HOUR) – An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

Purpose/Mission: D - Services which promote socialization/participation.

30. HOME HEALTH AIDE (1 VISIT) – Administration of medication or medical treatment by a certified Home Health Aide or a licensed health professional.

Purpose/Mission: B - Services which maintain health.

31. RESERVED

32. RESERVED

33. SENIOR CARE OPTIONS SCREENING (1 PERSON SCREENED) – Evaluation of a person age 65 or older for Medicaid coverage of Nursing Facility care.

Purpose/Mission: E - Services, which assure access and coordination.

34. MEDICAID WAIVER (1 CLIENT/MONTH) – Assessment, authorization and coordination of services to a person who is enrolled in the Medicaid Aged and Disabled Home and Community Based Service Waiver.

Purpose/Mission: A – Services which address functional limitations.

35. SUPPORTIVE SERVICES (1 HOUR) – Provision of a broad spectrum of services; including but not limited to health, socialization, educational opportunities, recreation, general information, interpretation/translation, public information, publication and volunteerism for the older person.

The unit reflects the hours of operation at senior centers.

Purpose/Mission: F – Services which support other goals/outcomes.

36. OMBUDSMAN/VOLUNTEER (1 ACTIVITY) – Includes cases (investigation and resolution of complaints that are made by and on behalf of residents of nursing homes and assisted living facilities); Information and Consultations to Individuals; Consultations to Facility/Providers; Work with Resident Councils; Work with Family councils; Training given to Facility Staff (data taken from Ombudsman report).

Total number of ACTIVITIES = Total number of CASES + Total number of CONSULTATIONS + Total number of Resident councils + Total number of

Family councils + Total number of Trainings (data taken from Ombudsman report).

End of CLUSTER 4

TITLE III-E SERVICES FOR CAREGIVERS

37. III-E INFORMATION SERVICES (1 ACTIVITY) – A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (NOTE: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities. Example: A publication of a brochure = 1 Activity; a health fair = 1 Activity; a Public Service Announcement = 1 Activity. The number should reflect the activity not the participants.)

38. III-E ACCESS ASSISTANCE (1 CONTACT) – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

NOTE: Information and assistance to caregivers is an access service, i.e., a service that:

- a) provides individuals with information on services available within the communities;
- b) links individuals to the services and opportunities that are available within the communities;
- c) to the maximum extent practicable, establishes adequate follow-up procedures.

Internet web site “hits” are to be counted only if information is requested and supplied. This service includes information and Assistance for caregivers as well as Care Management services for caregivers.

39. III-E COUNSELING (1 SESSION PER INDIVIDUAL) – Counseling to individual caregivers to assist them in making decisions and solving problems related to their caregiver roles. Counseling may be provided to caregivers in several different settings, such as counseling to individuals, support groups, and caregiver training (of individual caregivers and families), but the unit of service remains one session per individual.

40. III-E RESPITE CARE (1 HOUR) – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Care Recipient is someone who is unable to perform at least two ADLs without substantial human assistance or has a cognitive or other mental impairment. Respite Care includes:

- 1) In-home respite (personal care, homemaker, and other in-home respite).
- 2) Respite provided by attendance of the care recipient at a senior center or other on-residential program.
- 3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and
- 4) for Grandparents caring for children (i.e., summer camps).

41. III-E SUPPLEMENTAL SERVICES (1 UNIT OF ACTIVITY) – Services provided on a limited basis to complement the care provided by caregivers to a care recipient. A care recipient is someone who is unable to perform at least two ADLs without substantial human assistance or has a cognitive or other mental impairment. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

42. III-E CASH & COUNSELING (PLACEMENT) – This covers the range of services provided or paid for through allowance, vouchers, or cash which provided to the client so that the client can obtain the supportive services which are needed. Note that the definition does not require reporting of service units, but does require reporting of the unduplicated number of persons reported.

Appendix I: Acronyms

DEFINITIONS, ACRONYMS AND ABBREVIATIONS USED IN THE NEBRASKA AGING NETWORK

AAA: Area Agency on Aging.

AARP: American Association of Retired Persons.

Access Services: Services associated with access to services such as information and assistance, transportation, outreach, and case management.

Activities: Actions taken in support of an outcome.

Activities of Daily Living: (ADL's): Basic activities essential to living independently, such as eating, walking, the ability to transfer oneself from one place to another, bathing, and toileting.

Administration on Aging (AoA): The principal federal agency responsible for programs authorized under the Older Americans Act of 1965.

Adult Protective Services: The Nebraska Adult Protective Services Act was enacted to help remedy abusive situations. The Adult Protective Services (APS) Program of the Nebraska Department of Health & Human Services enforces the Act.

Advocacy/Representation: Representing and actively promoting the interests of another.

Aged and Disabled Medicaid Waiver: See **Waiver, Aged and Disabled**.

Aging Network: A highly complex and differentiated system of federal, state, and local agencies, organizations, and institutions responsible for serving and representing the needs of older persons.

Area Agency on Aging (AAA): Public or private agencies responsible for developing and administering a comprehensive and coordinated system of services to meet the needs of older people in a specific geographic area. Nebraska has eight (8) Area Agencies on Aging created by interlocal agreements:

- ☞ Aging Office of Western Nebraska (AOWN), located in Scottsbluff
- ☞ Blue Rivers Area Agency on Aging (BRAAA), located in Beatrice
- ☞ Eastern Nebraska Office on Aging (ENOA), located in Omaha
- ☞ Lincoln Area Agency on Aging (LAAA), located in Lincoln
- ☞ Midland Area Agency on Aging (MAAA), located in Hastings
- ☞ Northeast Nebraska Area Agency on Aging (NENAAA), located in Norfolk
- ☞ South Central Nebraska Area Agency on Aging (SCNAAA), located in Kearney
- ☞ West Central Nebraska Area Agency on Aging (WCNAAA), located in North Platte

Assistive Technology: A program operated through the Nebraska Department of Education that provides technology and home modification information and services.

Benefits Counseling: Program which provides information and counseling to older Nebraskans regarding Medicare, Medicaid, and health insurance. Provided in Nebraska by the Department of Insurance through its Nebraska Insurance Counseling & Assistance (NICA) program.

Centers for Medicare & Medicaid Services: (CMS): Formerly known as the Health Care Financing Administration (HCFA). It is the federal agency that provides health care funding and regulates the provision of health care. Also administers the Medicare program and is the primary federal agency administering Medicaid programs.

CHOICES (Choosing Home or In Community Elder Services): A combination of three programs (Aged and Disabled Waiver, Care Management, and Senior Care Options) which work together to assure that older Nebraskans receive the right services at the right time through case management, assessment, and planning.

Community Aging Services Act (CASA): Nebraska statutes passed on July 17, 1982 which created the Nebraska Department on Aging, which is now the Nebraska State Unit on Aging.

CONNECT (Coordinating Options in Nebraska's Network Through Effective Communications and Technology): An automated client tracking system used by a number of HHSS programs, including the Aged and Disabled Waiver. Senior Care Options will also eventually use CONNECT.

DRI: Dietary Reference Intake (as established by the Food & Nutrition Board of the Institute of Medicine, National Academy of Sciences), includes daily nutrient recommendations for healthy Americans based on age and gender.

Focal Point: A facility established to encourage the maximum collocation and coordination of services for older individuals. Usually housed in a senior center.

FY: Fiscal Year. The state fiscal year begins July 1; the federal fiscal year begins October 1. Most other governmental units, such as cities and counties, also have their own FYs.

Greatest Economic Need: Those elderly participants whose needs are the result of income levels at or below the poverty threshold established by the U.S. Bureau of the Census.

Greatest Social Need: Those elderly participants whose needs are associated with non-economic factors, including physical and mental disabilities, language barriers, cultural or social isolation caused by racial or ethnic status, which restrict an individual's ability to perform normal tasks or threaten one's capacity to live independently.

Food Insecurity: Limited or uncertain access to nutritious, safe foods necessary to lead a healthy lifestyle.

HHS: The U.S. Department of Health and Human Services.

DHHS: Nebraska Department of Health and Human Services.

HUD: U.S. Department of Housing and Urban Development.

In Home Services: Services designed to assist older persons to be able to stay in their own homes. These services include such things as handyman, chore, personal care, and homemaker.

Instrumental Activities of Daily Living (IADL's): Tasks requiring the completing of a series of actions in sequence, such as using the telephone, shopping for groceries, preparing meals, doing housework, managing medications, and managing money.

Interlocal Agreements: Agreements authorized by state statute which permit local governmental units to make the most efficient use of their powers by enabling them to cooperate with other local governmental units on a basis of mutual advantage to provide services.

Intrastate Funding Formula: A legally required, state-determined algorithm which governs the distribution of Older Americans Act funds to Area Agencies on Aging in the State of Nebraska. The algorithm helps to insure that funds are distributed equitably and are targeted to areas and groups in greatest need.

Legal Assistance: Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Long-Term Care: The range of formal and informal services provided to individuals who have lost or are otherwise lacking some capacity for self-sufficiency and who are expected to need on-going support for an extended period of time.

Long-Term Care Ombudsman Program: A program operated by the Nebraska State Unit on Aging to represent the needs and interest of present and potential long-term care facility residents.

Medicare: A federal health insurance for people 65 or older, people with permanent kidney failure, and certain disabled people under 65. It is administered by the Centers for Medicare & Medicaid Services (CMS, formerly known as HCFA) of the U.S. Department of Health and Human Services (HHS). The Social Security Administration, also a part of HHS, provides information about the program and handles enrollment.

Medicaid: A medical assistance program for low-income persons. It was established by Title XIX of the Social Security Act of 1965 and is often referred to as "Title XIX." It is a joint Federal—

State program that reimburses providers for covered services to eligible persons. HHS and CMS administer it.

N4A: National Association of Area Agencies on Aging.

NASC: The Nebraska Association of Senior Centers.

NASUA: National Association of State Units on Aging.

National Aging Program Information System (NAPIS): A reporting system containing statistical information about services funded by the Older Americans Act and used to prepare quarterly reports submitted to the Administration on Aging by the Nebraska State Unit on Aging.

Nebraska Aging Management Information System (NAMIS): An automated reporting system that collects statistical information about services funded by the Older Americans Act and used to prepare the annual State Program Report (SPR) submitted to the Administration on Aging by the Nebraska State Unit on Aging.

Nebraska Care Management Program: A program operated through the Area Agencies on Aging which assists frail, older individuals to remain in their own home for as long as possible. It provides a client assessment, care plan development, implementation and follow-up.

Senior Health Insurance Information Program (SHIIP): Agency that provides information and counseling to older Nebraskans regarding Medicare, Medicaid, and health insurance.

Needs Assessment: A systematic process of determining which services are necessary in order to maintain individuals in their homes.

Nutrition Services Incentive Program (NSIP): Formerly known as USDA. A federal program which provides funding, cash or cash and commodity allocation to a State Agency on Aging or to a Tribal organization based on the number of meals actually served in the previous year in relationship to the total meals actually served by all States or Tribes in the previous year. Formerly known as USDA.

Older Americans Act (OAA): Federal statute first passed in 1965 which provides older Americans (generally, Americans aged 60 and over) opportunities for full participation in the benefits of our society.

Outcome-Based Planning: A process in which desired results are identified and activities planned to achieve those results.

Outcomes: The results of actions taken by the aging network to improve the well being of older persons and improve the efficiency or effectiveness of the operation of the aging network.

Outreach: Activity by an agency or organization designed to identify potential clients and encourage their use of existing services and benefits.

Performance Measures: The means to determine whether services are meeting predetermined results. The focus is upon efficiency, quality and effectiveness.

Poverty Level: Household income level defined by the U.S. Bureau of the Census as the threshold for determining poverty as established by the Bureau.

Pre-admission Screening: See **Senior Care Options**.

RDA: Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

Respite: A program that offers a caregiver (of an older person) time off on a regularly scheduled or by-request basis. This type of care, which is often companionship, can be offered in the older person's home, in the home of the respite worker or in a community or in a community (or Senior Center). It can be paid or unpaid.

Rural: All territory not defined as urban (see **Urban**).

Senior Care Options (SCO): Nebraska's pre-admission screening program for Medicaid-eligible persons aged 65 and older which determines the need for nursing facility care and offers alternative services.

Senior Center: A community facility for the organization and provision of a broad spectrum of services for older persons, including, but not limited to: health, social, meals, educational, and recreational services.

Service Provider: An entity that is awarded a subgrant or contract from an Area Agency on Aging to provide services under the area plan.

Social Service Block Grant: a part of the Social Security Act formerly known as Title XX which provides block grant funds to the Nebraska Health and Human Services System (HHSS) to provide services to low-income people. Such services as chore, meals, homemaker, day care, and transportation can be provided by HHSS. Nebraska designs its own mix of services within the state.

SSI: Supplemental Security Income.

State Program Reports (SPR): A report containing statistical information about long-term care ombudsman program services submitted annually to the Administration on Aging by the Nebraska State Unit on Aging.

SUA: The Nebraska State Unit on Aging.

Supplemental Security Income: A federal program operated by the Social Security Administration that provides a small monetary supplement to low-income people.

Target Population: Those most frail and vulnerable individuals aged 60 and older for whom one or more of the following is true:

- ☞ reside in rural areas;
- ☞ have the greatest economic or social needs;
- ☞ are low-income minorities;
- ☞ have severe disabilities;
- ☞ have limited English-speaking ability; or
- ☞ have Alzheimer’s disease or a related disorder or are the caregivers of such individuals.

Title III-B (Supportive Services and Senior Centers): A part of the Older American Act of 1965 (as amended) under which Area Agencies on Aging, senior center, or other service provider can provide a variety of services to older people. This title does not include the meal program.

Title III-C1 (Congregate Nutrition Services): A part of the Older Americans Act of 1965 (as amended) under which Area Agencies on Aging, senior centers, or other service providers can serve meals to older persons in a group setting.

Title III-C2 (Home Delivered Nutrition Services): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can serve meals to an older person in their own home.

Title III-D (Disease Prevention and Health Promotion Services): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can provide disease prevention and health promotion services.

Title III-E (National Family Caregiver Support Program): A part of the Older Americans Act under which Area Agencies on Aging, senior centers, or other service providers can provide supportive services to caregivers of older adults.

Title V (Community Service Employment for Older Americans): A part of the Older Americans Act under which Area Agencies on Aging can assist older workers.

Title VII: (Allotments for Vulnerable Elder Rights Protection Activities): A part of the Older Americans Act under which state units on aging and Area Agencies on Aging can provide information and advocacy services for vulnerable older persons. Includes the Long-Term Care Ombudsman, Legal Assistance, Outreach, and Benefits Counseling programs.

Urban: Areas that meet at least one of following sets of criteria:

- A central place and its adjacent densely-populated territories with a combined minimum population of 50,000; or
- A census designated place such as a city or town with 20,000 or more inhabitants.

Volunteer Ombudsman Advocate Program: Volunteer advocates who are certified by the State Unit on Aging as a part of the Long-Term Care Ombudsman Program. Volunteers advocate for the rights of residents in long-term care facilities, investigating concerns related to their quality of life and quality of care. The program is operated through Area Agencies on Aging.

Waiver, Aged and Disabled: A home and community-based Medicaid-funded program for eligible persons of all ages whose care needs match those of people in nursing facilities. The individual works with a services coordinator to develop a safe and cost-effective Plan of Services and Supports which includes one or more waiver services such as adult day health service, assisted living, home care chore, home-delivered meals, home modifications, nutrition counseling, and transportation.

Appendix J: Direct Delivery Service Waiver

Direct Delivery Service Waiver Criteria

Area Agencies wanting to provide direct delivery of service must complete the Direct Delivery of Service form. The form must include state-developed criteria for evidence that will support a direct service waiver request. Services that do not require a waiver include Information Assistance, Care Management, Outreach and Ombudsman. Criteria for evidence that will support a direct service waiver request are as follows:

1. Assure an Adequate Supply of Services

Criteria that will support a direct service waiver request to assure an adequate supply of services includes the following:

- A. Public notice with required language in a newspaper in the planning and service area and at least one of the following in each county in the planning and service area:
 - 1) Press releases provided to the official county newspaper;
 - 2) Evidence of public notice given at a county board meeting;
 - 3) Minutes of a county human service coordinating organization in which notice of the need for service providers is given; or
 - 4) Direct notification via the mail to potential providers in the area.

2. Services Related to the Area Agency on Aging's Administrative Function

Services that fall into this category should include; Education and Training, Public Information, General Information and Publication.

- A. A written description, with supporting documentation if available, of how the services is related to the agency's administrative function and how that function would be affected by contracting the services.

3. Provide Services of Comparable Quality More Economically

Criteria that will support a direct service waiver request to provide services of comparable quality more economically include the following:

- A. A determination in writing by the AAA comparing the quality of the service currently being provided by the AAA and the service proposed by provider submitting a written proposal to the AAA showing the proposed services are of lesser quality, or
- B. A determination in writing by the governing board of the AAA comparing the efficiency of the service currently being provided by the AAA and the service proposed by provider submitting a written proposal to the AAA showing the proposed services provider is less efficient.

In addition to providing justification for providing services directly based upon efficiency or effectiveness, the waiver request must include:

1. Documentation that a public hearing occurred;
2. Evidence that all interested parties within the area had been notified of and provided an opportunity to testify at the public hearing; and
3. A record of the notification process; and
4. If the waiver request is ongoing from year to year, documentation that potential service providers in the area have been notified, either directly via the mail or by issuing a Request for Proposals at least once every four years. (This will not be required for FY-07, but will be required for the FY-08 plans.)

The State Unit on Aging reviews each direct service waiver request for compliance. If compliance has been met, the State Unit on Aging provides public notice for the intent to grant a waiver for direct delivery of service.

Six of Nebraska's eight area agencies on aging received a direct service waiver for Access services, two of the eight area agencies on aging received a direct service waiver for Legal services and three of the eight area agencies on aging received a direct service waiver for In-home services for FY 10.

The minimum funds from Title III-B that can be budgeted for direct service waivers are:

Access Services	15%
In-home Services	15%
Legal Services	2%

Appendix K: Development of State Plan Questionnaire

A statewide questionnaire entitled Maintaining Independence & Planning for the Future was distributed across the state. Approximately 800 responses were received from older adults across the state of Nebraska. The following is a cumulative example of responses.

MAINTAINING INDEPENDENCE & PLANNING FOR THE FUTURE

1. If you needed information on an aging issue or had an unmet need, where might you go to find assistance? *Some respondents had multiple answers.*

AAA – 70%

Senior Center – 50%

Family – 25%

Doctor – 10%

Other (includes friends, AARP, VA, etc.) – 40%

DHHS – 10%

2. In the past 6 months, have you requested support services or sought information about support services? If yes, were there any challenges you encountered and how easy were these challenges to resolve?

Yes – 25%

No – 50%

Challenges – Language barrier

Calls not returned

Not able to speak to a real person

Paper work and bureaucracy

3. What services are you currently receiving that help you maintain your independence?

Meals – 50%

Chore – 15%

Transportation -10%

Homemaker – 15%

Handyman – 5%

Personal Response System – 10%

Financial Assistance – 5%

Insurance Assistance (SHIIP) – 2%

Other (includes entertainment and exercise) – 15%

4. What types of programs or services would enhance the quality of life for older adults in your area?
- Meals – 25%**
 - Chore – 15%**
 - Transportation – 50%**
 - Handyman – 10%**
 - Entertainment – 10%**
 - Jobs – 5%**
 - Housing – 5%**
 - Affordable Prescriptions – 5%**
 - Information on available services – 5%**
5. What challenges do you face in trying to maintain your independence?
- Snow removal – 5%**
 - Increased transportation – 25%**
 - Not enough money – 25%**
 - Home repairs – 20%**
 - Care giving -5%**
 - Health – 15%**
 - Cooking/Cleaning – 5%**
 - Family letting stay independent – 3%**

Appendix L: Public Hearing

A public hearing on the State Unit on Aging's State Plan took place on June 28, 2011. Staff was in attendance and no public attended the hearing.

May 16, 2011

Norfolk Daily News
Elaine Thelen
P.O. Box 977
Norfolk, Nebraska 68702

Dear Ms. Thelen:

Please print the enclosed PUBLIC NOTICE in the PUBLIC NOTICES Section of the classified section of the May 27, 2011 edition of the Norfolk Daily News.

Send proof of publication/affidavit to:

Madhavi Bhadbhade, Program Specialist
Department of Health & Human Services
State Unit on Aging
P.O. Box 95026
Lincoln, NE 68509-5026

If you have any questions, please contact me at 402-471-2309. Thank you.

Sincerely,

Madhavi Bhadbhade, Program Specialist
Department of Health & Human Services
State Unit on Aging

Public Notice

Nebraska Department of Health and Human Services - State Unit on Aging

Four-year State Plan for Aging Services Public Hearing

The Nebraska Department of Health & Human Services, Division of Medicaid and Long Term
Care, State Unit on Aging

NOTICE IS hereby given that the State Unit on Aging will hold a hearing on the proposed four year state plan for aging services on **June 28, 2011, commencing at 1:00 p.m. until 3:00 p.m., at 301 Centennial Mall South, Lincoln, Nebraska 68509, in Lower Level Conference Room A.**

THE PURPOSE of the hearing is to take testimony and evidence concerning the proposed state plan for aging services. The plan will be effective from October 1, 2011 to September 30, 2015.

COPIES OF THE PROPOSED STATE PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION AT THE OFFICE OF THE Nebraska Department of Health & Human Services - State Unit on Aging, 301 Centennial Mall South, Lincoln, Nebraska.

All interested people are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the time of the hearing.

Tammie Scholz, Interim Manager, State Unit on Aging.

Public Notice Request Sent to the following

Lincoln Journal Star

Rebecca Coulter
Legals/Advertising Clerk
926 P Street
Lincoln, NE 68508
Legals@journalstar.com
rebecca.coulter@lee.net
(402)-473-7448 Phone
(402) 473-7466 Fax

Kearney Daily Hub

Doreen Lemburg
P.O. Box 1988
Kearney, NE 68848
legals@kearneyhub.com
Doreen.lemburg@kearneyhub.com
(308) 237-2152 Phone
(308) 233-9736 Fax

Omaha World Herald

Joyce Swatzki
World Herald Building
Omaha, NE 68102-1138
legals@owh.com
joyce.sawatzki@owh.com
(402) 444-1000 Phone
(402) 342-6633 Phone
(402) 345-2351 Fax

Scottsbluff Star-Herald

Amy Dillman
P.O. Box 1709
Scottsbluff, NE 69363
class@starherald.com
(308) 632-9000 Phone
(308) 632-9001 Fax

Hastings Tribune

Donna Ackerman
P.O. Box 788
Hastings, NE 68902
legals@hastingstribune.com
(402) 462-2131 Phone
(402) 461-4657 Fax

North Platte Telegraph

Julie Murrish
P.O. Box 370
North Platte, NE 69103
jmurrish@nptelegraph.com
(308) 532-6000 Phone
(308) 532-9268 Fax

Beatrice Sun

Carrie Janssen
P.O. Box 847
Beatrice, NE 68310
(402) 223-5233 Phone
(402) 228-3571 Fax

Norfolk Daily News

Elaine Thelen
P.O. Box 977
Norfolk, NE 68702
ethelen@norfolkdailynews.com
(402) 371-1020 Phone
(402) 644-2080 Fax

AFFIDAVIT OF PUBLICATION

State of Nebraska }
 County of Scotts Bluff } ss.
Jennifer Harms do solemnly swear that
 I am the Accounts Receivable Bookkeeper of the Star-Herald, a legal newspaper of
 general circulation, published daily except Mondays, at Scottsbluff, Scotts Bluff County,
 Nebraska; that the notice hereto attached and which forms a part of this affidavit was published
 in said paper 1 consecutive week (s) in the issues
 published, respectively May 27, 2011

that said notice was published in the regular and entire issues and every number
 of the paper on the days mentioned, the same being the corresponding day of
 each week during the period of times of publication and that said notice was
 published in the newspaper proper and not in the supplement.

Jennifer Harms
 SUBSCRIBED in my presence and sworn to before me on 6-14-11
Conny Herdt
 Notary Public



The publication fees amount to \$ 20.99

NE6642

Public Notice

Nebraska Department of Health and Human Services - State Unit on Aging
 Four-Year State Plan for Aging Services Public Hearing
 The Nebraska Department of Health & Human Services, Division of Medicaid and Long Term Care, State Unit on Aging
 NOTICE is hereby given that the State Unit on Aging will hold a hearing on the proposed four year state plan for aging services on June 29, 2011, commencing at 1:00 p.m. until 3:00 p.m., at 301 Centennial Mall South, Lincoln, Nebraska 68503, Lower Level Conference Room A.
 THE PURPOSE of the hearing is to take testimony and evidence concerning the proposed state plan for aging services. The plan will be effective from October 1, 2011 to September 30, 2015.
 COPIES OF THE PROPOSED STATE PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION AT THE OFFICE OF THE Nebraska Department of Health & Human Services, State Unit on Aging, 301 Centennial Mall South, Lincoln, Nebraska.
 All interested parties are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the site of the hearing.
 Tammie Scholtz, Interim Manager, State Unit on Aging
 Published in the Star-Herald, Scottsbluff, Nebraska, 11 May 27, 2011

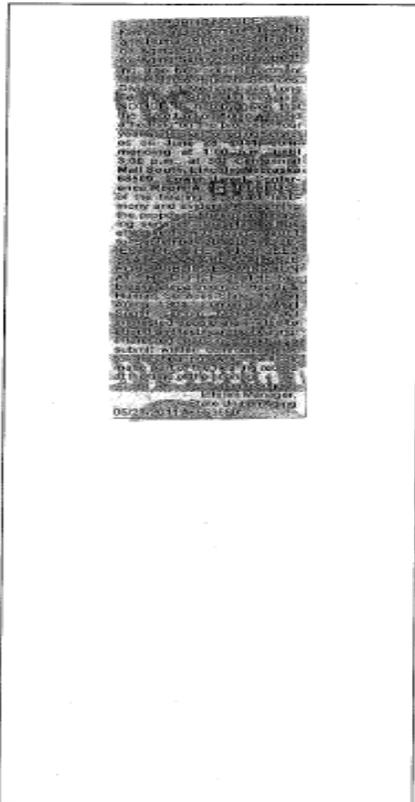
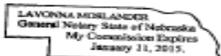
AFFIDAVIT OF PUBLICATION

STATE OF NEBRASKA }SS.
 GAGE COUNTY

Sheri Hibbert being first duly sworn on oath, says
 that she he/she is the
Chief Clerk of the
 Beatrice Daily Sun, a legal daily newspaper printed
 & published in Gage County, Nebraska, and
 having a bona fide circulation of more than
 300 copies of each issue; that the notice,
 a true copy of which is hereto attached
 was published on Friday for 1 insertions
beginning the 27th day of May 2011 and the last
 publication being
 on the 27th day of May 2011 in said newspaper had been
 published in whole or part in the office of said
 county from which distribution took place, for more
 than 52 consecutive weeks prior to the publication
 of said notice.

Sheri Hibbert
 Subscribed in my presence and sworn to before me this 27th of
 May, 2011. Lolana Neal Notary Public
 My commission expires 1/11/15

First week..... \$19.80
 Subsequent Weeks..... \$
 Balance Due \$19.80



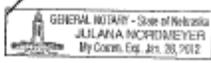
AFFIDAVIT OF PUBLICATION

State of Nebraska } ss.
LANCASTER COUNTY }

PUBLIC NOTICE
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE UNIT ON AGING
FOUR-YEAR STATE PLAN FOR AGING SERVICES PUBLIC HEARING
THE NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF MEDICAID AND LONG TERM CARE
STATE UNIT ON AGING
NOTICE IS HEREBY GIVEN THAT THE STATE UNIT ON AGING WILL HOLD A HEARING ON THE PROPOSED FOUR-YEAR STATE PLAN FOR AGING SERVICES ON JUNE 28, 2011, COMMENCING AT 1:00 P.M. UNTIL 3:00 P.M., AT 321 CENTRAL MAIL SOUTH, LINCOLN, NEBRASKA 68509, LOWER LEVEL CONFERENCE ROOM A.
THE PURPOSE of the hearing is to take testimony and evidence concerning the proposed state plan for aging services. The plan will be effective from October 1, 2011 to September 30, 2015.
COPIES OF THE PROPOSED STATE PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION AT THE OFFICE OF THE NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES - State Unit on Aging, 201 Central Mail South, Lincoln, Nebraska.
All interested persons are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the time of the hearing.
Tarae Schatz, Interim Manager
State Unit on Aging
MAY 27 2011

The undersigned, being first duly sworn, deposes and says that she/he is a Clerk of the Lincoln Journal Star, legal newspaper printed, published and having a general circulation in the County of Lancaster and State of Nebraska, and that the attached printed notice was published in said newspaper one successive time(s) the first insertion having been on the 27 day of May A.D., 2011 and thereafter on _____, 20____ and that said newspaper is the legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge and are further verified by my personal inspection of each notice in each of said issues.

Subscribed in my presence and sworn to before me this
day of May, 2011
[Signature] Notary Public
Printer's Exp. \$ _____



0003083

Lines 39 Times 1 Amount \$ 19.14

AFFIDAVIT OF PUBLICATION

The State of Nebraska } ss:
The County of Buffalo }

Lori Gulhard, being first duly sworn, says that she is Advertising Manager of The KEARNEY HUB, a daily newspaper printed in whole and published in its entirety at its office maintained in Kearney, in said county and of general circulation therein and been published for more than 52 weeks in said county prior to the first publication of the annexed notice and has a bona fide circulation of more than 300 copies, and that the notice, a true copy of which is hereto annexed, was published in said paper as follows:

the first publication being on the 27 day of May, 2011, and subsequent publication(s) on the

- _____ day of _____, 2011

Subscribed in my presence and sworn to before me this
27 day of May, 2011
[Signature] Notary Public



Public Notice
Nebraska Department of Health and Human Services
State Unit on Aging
Four-Year State Plan for Aging Services Public Hearing
The Nebraska Department of Health & Human Services
Division of Medicaid and Long Term Care
State Unit on Aging
NOTICE IS HEREBY GIVEN THAT THE STATE UNIT ON AGING WILL HOLD A HEARING ON THE PROPOSED FOUR-YEAR STATE PLAN FOR AGING SERVICES ON JUNE 28, 2011, COMMENCING AT 1:00 P.M. UNTIL 3:00 P.M., AT 321 CENTRAL MAIL SOUTH, LINCOLN, NEBRASKA 68509, LOWER LEVEL CONFERENCE ROOM A.
THE PURPOSE of the hearing is to take testimony and evidence concerning the proposed state plan for aging services. The plan will be effective from October 1, 2011 to September 30, 2015.
COPIES OF THE PROPOSED STATE PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION AT THE OFFICE OF THE NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES - State Unit on Aging, 201 Central Mail South, Lincoln, Nebraska.
All interested people are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the time of the hearing.
Tarae Schatz, Interim Manager
State Unit on Aging
MAY 27 2011

Norfolk Daily News

OWNED BY THE HUSE PUBLISHING COMPANY
NORFOLK, NEBRASKA

PROOF OF PUBLICATION

THE STATE OF NEBRASKA
Madison County

Kent Warnke, being first duly sworn on oath says that he is the News Editor of The Huse Publishing Company, a corporation, publishers of the Norfolk Daily News, a legal daily newspaper published at Norfolk, Madison County, Nebraska, and of general circulation in said county; that a notice entitled

Public Notice
Nebraska Department of Health and Human Services
State Unit on Aging
Four-Year State Plan for Aging Services FY 2012-2015
The Nebraska Department of Health & Human Services, Division of Aging and Long Term Care,
State Unit on Aging
NOTICE IS HEREBY GIVEN that the State Unit on Aging will hold a hearing on the proposed four-year state plan for aging services on June 28, 2011, commencing at 1:00 p.m. until 3:00 p.m. at 2022 Dorr Street, 4th Floor, Lincoln, Nebraska 68505, Lower Level Conference Room A.
THE PURPOSE OF THE HEARING IS TO take testimony and receive comments on the proposed state plan for aging services. The plan will be effective for October 1, 2012 to September 30, 2015.
COPIES OF THE PROPOSED PLAN ARE AVAILABLE FOR PUBLIC EXAMINATION AT THE OFFICE OF THE Nebraska Department of Health & Human Services - State Unit on Aging, 2022 Dorr Street, Lincoln, Nebraska 68505.
All interested parties are invited to attend and testify at the hearing. Interested persons may also submit written comments prior to the hearing, which will be made part of the hearing record at the time of the hearing.
Terence Schatz
Branch Manager
State Unit on Aging
May 27, 2011

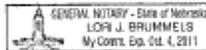
4 Year State Plan for Aging Services, a true copy of which, as printed in said paper, is hereto attached and made a part hereof, was published in the issue of said paper for one time, the publication being on May 27, 2011; that said newspaper was published daily in the City of Norfolk within said County for more than 52 consecutive weeks immediately prior to the commencement of the publication of said notice and every week consecutively since that time; and during all of said time said newspaper had a bona fide circulation of more than 300 copies daily and was printed wholly in the English language and in whole or in part in an office maintained by the publisher at said place of publication.

Kent Warnke

Subscribed and sworn to before me this 28 day of May, 2011

Lois J. Brummels
Notary Public

Publication Fees \$ 21.60
Clips Fee
Extra Proof Fee
Total Due \$ 21.60



Proof of Publication

State of Nebraska }
County of Lincoln } ss.

JUDITH COLBORN

being by me first duly sworn on oath says that she/he is employed by the North Platte Telegraph, a newspaper published in North Platte, Nebraska, and personally knows that said newspaper is a legal daily, except Monday, newspaper under the statutes of the state of Nebraska, having a bona fide circulation of over three hundred copies, has been published in said county for more than fifty-two successive weeks prior to the first publication of the attached notice and is printed in an office maintained in the city of North Platte, in said county, which said city is the place of its publication; that the notice hereto attached was published in said newspaper in the regular issues thereof.

MAY 26, 2011

Dated this 26TH day of

MAY, 2011

Judith Colborn
Subscribed and sworn to before me:

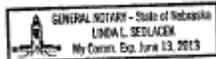
dated this 26TH day of

MAY, 2011

Linda Leddauch
Notary Public

(SEAL)

FEE: \$24.21





Proof of publication

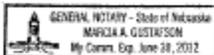
AFFIDAVIT

State of Nebraska, County of Douglas, ss:

April Christenson, being duly sworn, deposes and says that he/she is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas, and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the 27th of May, 2011, and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge. The Omaha World-Herald has an average circulation of 153,944 Daily and 188,810 Sunday, in 2011.

(Signed) *April Christenson* Title: Account Executive

Subscribed in my presence and sworn to before me this 27th day of May, 2011.



Marcia A. Gustafson
Notary Public

Printer's Fee \$ _____
Affidavit _____
Paid By _____

Appendix M: Profile of Nebraskans 60+, 2009
 Figures from the U.S. Census Bureau's American Community Survey, 2009.

	Value	Percent of 60+ Population	Percent of Total Population
Total Resident Population 2009	1,796,619		100%
Persons 60+ 2009	329,453	100.0%	18.3%
Age			
Under 60	1,467,166		81.7%
60-74	207,628	63.0%	11.6%
75-84	82,281	25.0%	4.6%
85+	39,544	12.0%	2.2%
Gender 60+			
Male	145,950	44.3%	8.1%
Female	183,503	55.7%	10.2%
# Women/100 Men	126		
Ethnicity 60+			
	Total: 20,286	6.2%	1.1%
Black/ African American	7,577	2.3%	0.4%
Hispanic	7,248	2.2%	0.4%
Asian and Pacific Islander	2,636	0.8%	0.1%
American Indian or Alaskan Native	1,318	0.4%	0.1%
Residence 60+			
Persons Living in Nursing Homes and Other Institutions	15,096	4.6%	0.8%
Persons Living Alone	137,313	41.7%	7.6%
Persons Living With Own Grandchildren (Under Age 18)	7,248	2.2%	0.4%
Persons Responsible for Own Grandchildren (Under Age 18)	2,636	0.8%	0.1%
Persons Living in Rural Areas	111,883	34.0%	6.2%
Employment 60+			
Employed	99,495	30.2%	5.5%
Unemployed	2,965	0.9%	0.2%
Civilian Labor Force	8,895	2.7%	0.5%
Poverty 60+			
Persons Below Poverty Level	24,558	7.5%	1.4%
Minority Persons Below Poverty Level	3,419	1.0%	0.2%
Disability 60+			
Persons (Non-Institutionalized) with Mobility Limitations	60,389	18.3%	3.4%

Appendix N: Profile of Nebraskans Served Through Title III Programs, SFY 2010

	Number of Unduplicated Clients	Percent
Total Clients who received one or more services (Unduplicated)	28,933	
The number of clients and calculated percentages below represent only those registered clients who reported the applicable demographic data.		
Age	Total: 28,933	
Under 60	1,017	4%
60-74	8,834	31%
75-84	11,210	39%
85+	7,872	27%
Ethnicity	Total: 28,933	
White (Alone) - Non-Hispanic	26,652	92%
White (Alone) - Hispanic	168	1%
American Indian or Alaskan Native (Alone)	185	1%
Asian (Alone)	256	1%
Black/ African American (Alone)	718	2%
Native Hawaiian or Other Pacific Islander (Alone)	11	0%
Persons Reporting Some Other Race	210	1%
Persons Reporting 2 or More Races	6	0%
Race Missing	727	3%
Clients Below the Poverty Level	6,274	22%
Clients Living Alone	13,631	47%
Clients Living in Rural Areas	21,891	76%
Clients with Impairment in Activities of Daily Living (ADL)	Total: 15,165	
One ADL	3,078	20%
Two ADLs	2,182	14%
Three ADLs	2,719	18%
No Assistance Needed	4,318	28%
Nutrition Risk Assessment	Total: 28,922	
Good (0-2)	13,444	46%
Moderate (3-5)	9,179	32%
High (6+)	6,299	22%

Appendix O: Nebraska Title III Individual and Group Service Usage, SFY 2010

Service	Individual		Group
	Client Count	Total Units	Total Units
Access Assistance - IIIE	271	1,742.75	16,237.00
Adult Day Care/Health	7	745.00	
Assisted Transportation	990	40,896.11	
Care Management	6,039	51,708.50	
Care Management Title III Fund	1,372	6,891.06	
Chore	2,017	25,042.43	
Congregate Meals	18,164	1,193,152.00	
Counseling - IIIE	383	4,850.00	
Durable Medical Equipment	179	462.00	1,289.00
Education/Training			497.00
Emergency Response System	2,195	19,459.25	1.00
Employment Placement	38	44.00	117.00
Financial Counseling			9,629.00
General Information			16,724.75
Health Clinic	366	5,976.75	47,466.00
Health Education	1	19.00	19,812.00
Health Promotion/Disease Prevention	16	43.00	28.00
Home Delivered Meals	8,044	893,029.00	
Home Health Aide			109.00
Homemaker	2,187	93,377.83	
Information & Assistance	2	1,852.00	79,185.00
Information & Assistance - IIIE			5,699.00
Legal Assistance			7,970.59
Medication Management			1,314.00
Nutrition Counseling	935	1,357.00	
Nutrition Education	1	872.00	22,509.00
Outreach	2	317.00	32,199.50
Personal Care	444	15,906.42	
Public Information			1,603.00
Publication			7,898.00
Recreation			54,682.00
Respite Care - IIIE	480	33,556.55	
Respine - Home	34	6,696.00	
Supplemental Service - IIIE	520	9,432.60	
Supportive Services	62	770.00	264,170.50
Telephoning/Visiting	991	18,520.00	7,127.50
Transportation	1,597	101,500.00	94,695.00
Volunteerism	1,075	276,247.98	
Volunteer Placements			199,308.52

Appendix P: Comparison of Nebraskans Served through Title III Programs to Total Nebraskans 60+, SFY 2010

	Nebraska Population 60+	Title III Clients	% Total 60+ Population Served
Total	329,453	28,933	9%
Age			
60-74	277,628	8,834	3%
75-84	82,281	11,210	14%
85+	39,544	7,872	20%
Ethnicity			
Total Minority	20,286	1,554	8%
Asian and Pacific Islanders (Alone)	2,636	267	10%
American Indian or Alaskan Native (Alone)	1,318	185	14%
Black/ African American (Alone)	7,577	718	9%
Hispanic	7,248	364	5%
Below the Poverty Level	24,558	6,274	26%
Mobility Limitations	60,389	15,165	25%
Living in Rural Areas	111,883	21,891	20%